

ROUGH EDITED COPY

KING COUNTY EMERGENCY PLANNING WITH THE DISABILITY  
COMMUNITY

TUESDAY, MAY 13, 2013, 8:30 a.m.  
DALLAS ROOM

CART PROVIDED BY: Darlene Pickard  
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Welcome!

The CART captioning will be displayed on this screen.

>> Good morning. We're going to get started in a couple minutes. So, if you could grab your coffee and your seats, that would be great.

>> CARINA ELSENBOS: All right.

Well, let's get started. Good morning, everyone.

And -- good morning.

And welcome to the Emergency Planning with the Disability Community Workshop.

- (music)

This is my intro. We're going to do interpretive dance. But -- it needs to --

>> Why is that happening? (Singing)

I run from prejudice, I run from pessimism, I run today.

>> I run (singing)

>> CARINA ELSENBOS: Can we ask someone from the facility.

>> Singing: I run too fast. Or too slow, it seems. When the lies become the truth. That's when I'll run to you. This world keeps spinning faster. To a new disaster, so I run to you, I run to you baby. When all starts coming undone. Baby, you're the only one I run to, I run to you. (End of singing) rousing chorus more to come on that. So again, (off mic)

>> CARINA ELSENBOS: So --(on mic)

(Applause.)

>> CARINA ELSENBOS: Thank you for your patience. So we're not at a country music concert. We are at the emergency planning with disabilities community workshop. So welcome. Welcome.

I want to thank all of you for making it a priority to attend this morning's workshop. We're really excited to have a diverse audience. And a variety of perspectives in the room. We have -- actually, if people could just raise their hand when I call out your groups so we can kind of see who's in the room today. We have community organizations. Do you represent a community organization?

Great.

How about -- hands down -- emergency management. Great.

Hands down. First responders?

Awesome.

Individuals interested in this issue not associated with emergency management or community organizations?

Awesome.

So we have -- thank you all for coming.

And we've organized the day so that we can hear not only from people in the field but from all of you. We're going to organize the day so that you will be with a cohort. You know your cohort by your name badge. There's a room number and you're going to go to that room at the end of -- after our keynote speaker and work with the different colleagues that we have in the room. Try not to sit with your -- the people you work with all the time. And you're going to talk about four key areas. Transportation, sheltering, communication, and preparedness.

And within those four key areas, you're going to talk about the gaps, some of the challenges, the opportunities for collaboration, and think about solutions in those areas. And, again, the solutions are all -- are coming from all of you.

And so put on your thinking caps and contribute to the discussion. As well as network with people, exchange business cards, get to know the people in your group today.

Because you all have very important ideas to contribute.

So we're very excited by the day. And we're -- I'm excited as well to introduce our keynote speaker, Richard Devylder. And so Richard, in July 2010, President Obama appointed Richard as Department of Transportation's first senior advisor for accessible transportation where he served until July 2013. He advised the secretary and the department's efforts to develop and execute effective policy strategies to ensure that all modes of transportation are accessible and integrated to meet the diverse functional needs of the public.

Prior to his appointment, he served as the deputy director for the California Department of Rehabilitation. He's also served as the chairman of the State Independent Living Council. And from January 2008 to June 2010, Richard served as special advisor to the secretary of the California emergency management agency where he created the Office of Access and Functional Needs focusing on the access and functional needs of people with disabilities in disasters. Richard provided guidance in reviewing and reshaping emergency management systems, policies, and practices in communicating, sheltering and evacuating Californians with disabilities.

Currently, Richard is working with the California Governor's Office of Emergency Services. And after being appointed by the Governor, Jerry Brown, as chief of Office for Access and Functional Needs.

So please join me in welcoming -- a warm welcome to Richard Devylder.  
(Applause)

>> RICHARD DEVYLDER: Thank you. Good morning, everyone.

>> Good morning.

>> All right. You're all awake. I know it's early. Great to be here this morning. Forgive me. I'm a wanderer, so we ditched the stage last night so I wouldn't fall off it and I'll be wandering all over the front here as we talk. What we'd like to do this morning is get through the presentation. We're going to have time to have a dialogue with you all before I leave.

And so there will be a Q&A towards the end of the presentation. who just want to make sure we get through the materials which hopefully will be helpful to you all as you continue through the day here. Remember, this isn't just about today but it's about moving forward in your planning and response processes. So we want to make sure we do that.

So the first slide has my contact information. I am on the road 70% of the time. So, if you call the number, you'll get a voice mail. If you send me an email, I'll get back to you usually within 24 hours. So my email address is Richard Rich r-i-c-h-a-r-d dot devylder@caloes.ca.gov richard.devylder@caloes.ca.gov.

And my direct line is (916)845-8981.

Next slide.

So my slide mover is Carlos. Carlos is my assistant for work. And he didn't believe me when I told him we were going to be -- told him we were going to be on the road 70% of the time. Now he believes it. He'll be helping us. So we created the Office of Access and Functional Needs in 2008 in California. And it is housed within the organizational structure of the Governor's Office of Emergency Services. And I don't know how many are familiar with really bad fires we had in California in 2007, but they were pretty bad. I think I worked three straight months without a day off. And they were crazy.

The advocates from 2007 and really starting in 2006, were pushing the Governor's office and the Office of Emergency Services to have a senior level position within the Office of Emergency Services.

And there was actually legislation that was presented, and well, let's just say that the fires sort of made things move quickly after that. So the fires happened in October/November of 2007. I was working for the Department of Rehabilitation at the time as deputy director and I was appointed by the Governor to that job so it made it very easy for me to have conversations with the Governor's office. And specifically with his chief cabinet secretary or deputy cabinet secretary, I should say.

And the fires ended. We started the recovery process in December. And by January of 2008, I was on loan to the Office of Emergency Services and created an office. Now, the office name is important to us. And people asked me all the time why isn't disability in the name of the office? Are you embarrassed? What's going on

here? And the answer is simply this: If we make response and recovery accessible, we will meet the majority of people's functional needs. We wanted to name of the office to reflect what it is we're trying to achieve. And we understand that in response and recovery, although people like to really try to focus on every individual that may need assistance in the planning, there is no reality to doing it that way.

The reality is we need things to be accessible.

And when things are accessible, we have a better chance of meeting individual's functional needs. And the other piece of this was older adults have the same needs or similar needs to people with disabilities.

But they don't consider themselves disabled.

And we need to respect that. But we also wanted to make sure that they were part of the office and part of the planning steps that we were taking within the state. And so we knew that if we called it the Office of Disability, they wouldn't feel welcome. And so we didn't want them to not feel welcome and not part of what we needed to be doing together and that's another reason why we chose not to use the terminology "disability or disabled" within any office name. And you see now that the language is beginning to catch on. And we're going to talk a little bit more about language that FEMA uses, access and functional needs now and other federal agencies use it. And though my friends would tell myself and June Kells who created this language, you guys should just stop this. It's never going to happen. You're never going to change the way people talk. You're not going to change their language. Guess what? We're starting to see change and it's about being respectful to people and who they are and to what the actual needs are and how do we achieve together in terms of responding properly.

Next slide.

So as I say, we make response and recovery, accessible. We will meet most individual's functional needs. And that's why the purpose of our office is really to integrate access and functional needs into all access of emergency management systems which the previous slide said. That's really what we're trying to achieve, integrating into all aspect of everything we do. Anyone who knows me and anyone who works in California in this industry knows that there's no part of that that I'm kidding. We really are and we stay on top of that to make sure that we're thinking of access and functional needs no matter what it is we're doing.

So let's take a look here at some of the applicable federal laws that are really important in terms of the work that we do. I want to say this. The laws are important. And in access and functional you have a class of people with disabilities who are a protected class. And that's very important. The terminology is really extending a pass to protect the class. And the reality is like curb cuts, curb cuts are meant for people with disabilities.

But they help so many other people. And so it's really important that we understand the laws are in place and there's a protected class that we're working with. But, as I always say, forget the law. If we do what is right, we will do things appropriately.

And we will meet people's needs.

And that's really the bottom line. Now the Department of Justice around the room are going to cream right now. But -- scream right now. The laws are important but, if

we do things because it's the right thing to do, we'll get stuff done. I know I'm asking for a lot when I say that. If that weren't the case in the real world, we wouldn't need federal laws. But think of it that way when you think of the work we're doing. If you're doing the right thing, the laws aren't as critical to know every detail about. Anyone heard of the Americans with Disabilities Act?

Okay. very good. How about the Stafford act? Just first responders, probably, mostly, people in the emergency management world. Stafford act is what directs our lives and reimbursements and how we work. Post Katrina emergency management reform act. This is a reform act and had a lot of things around disability and access in it after Katrina. The Rehabilitation Act of 1973. People ask me all the time. When did these new laws come into effect? Around disasters and emergency response and access? That would be 40 years ago. 1973.

Because if you have any federal dollars involved in what you're doing, you're supposed to comply with the Rehab Act of 1973.

Now, in fairness, not everyone realized that and understood it. So I'll give everyone a break and say okay, the Americans with Disabilities Act. That was almost 24 years ago.

So the laws have been in place. It's how we interpret them and how we implement them in what we do. So you don't have any new disability laws related to disasters. You don't have laws that we're supposed to be complying with over the years.

Fair Housing Act amendments of 1988, very important in recovery. Fair Housing Act was very important in recovery. Because how much accessible housing do you have in this area? None? A little bit? .

Imagine if you had a catastrophic event happen. Would it be worse? There would be a we'll lot less housing available and accessible. And that's in any community no matter where you are in the country. That's just a reality. So the Fair Housing Act is really coming into play when you're in recovery because you're not going to get housing that's not accessible that you're going to need to make as accessible as possible. So that people aren't living in shelters and hotels.

And so knowing those rules if you're involved in housing, whether it's short or long-term, is very important. So that we know what it is that we need to be doing.

Architectural barrier act, that's all about architecture, making sure we remove the barriers that exist. That's going to be important obviously as we talk more about sheltering. Next slide.

Individuals with Disabilities Education Act.

People say seriously, how does that apply to what we're doing in disasters and response and recovery?

Well, let me just give you a summary of it. IDEA says the kids with disabilities have a right to an education. And they have a right to an integrated education like anyone else.

So you have a major snowstorm or you have major floods or whatever the hazard may be. And it's caused damage to school bus systems, it's caused damage to schools. But schools are already starting up. We don't need them closed for a long time because part of the recovery and healing process is beginning the kids back together.

But you have to be sure under IDEA that kids with disabilities have the same access to that education when the restart begins. And so what might that mean? That might mean you have to go find busses somewhere else that are accessible in order to get the kids to the school. Is it enough to say we'll send them a tutor? No. It's not because it's not an integrated setting. They're not getting the same benefits of the social aspect of school and learning. And so it's just sending them back to -- or sending a tutor to them while everyone else goes back isn't necessarily meeting what the law's intent is under IDEA. So you have to think about those things in terms of your recovery. Telecommunications and the 21st century communications and video accessibility of 2010 are very important. They're important to our friends who are deaf or hard of hearing. And ensuring that their communication is accessible. We'll talk more about what does that mean and how do we actually achieve equal communication access. Next slide. So the Rehab Act and Americans with Disabilities Act and other laws, preparation, exercises, notification, evacuation and transportation, and sheltering. Next slide. First aid and medical services, temporary lodging and housing transition back to the community, clean up, and any other emergency and disaster-related programs, services and activities that may be going on as a result of the disaster.

So essential concerns that we're going to talk about throughout the presentation: One, identifying need. Two, identifying or integrating resources. Three, accessibility of vehicles. 4, accessibility of facilities, 5, adaptive equipment. Next will be pets and service animals. Forced evacuation. Let me see a show of hands of you who have had discussions about forced evacuations? Little bit.

It's important and we're going to talk more about it.

And then suspension of services.

And what does that mean and what do you need to do in that process? Next slide.

So let's talk about who is at the planning table. The planning table is very, very important.

Let me say this in planning. Planning isn't you planners, putting the plan together and then asking me and us with disabilities to sign-off. That's not how it works.

The planning and the integration have to be from the beginning to the end. Now, what does this mean? We need to let go of our baggage. Some of us have baggage. Trust me, I'm from California. There's a whole lot of baggage when I started this job. And we have to let go of what happened 10 years ago in some disaster. And we have to learn from it. And we have to move forward. And that's what we're all here to do today is moving forward in terms of what it is that we're willing to do. Now, when I went to work for the government, my friends, advocates, saw me a little differently. Because I'm on the dark side. You all heard that, right? You go to that side -- and we forget what it was like to be part of the community. We forget what the needs are. For those who know me know that's not true. And I probably beat on people on the inside that I work for more than anyone else. But it's your jobs as advocates to keep us honest and make sure we're doing things the right way.

And really integrating and helping us integrate what it is that we need to do. I consider myself both part of the first responder and the emergency management industry and the disability community industry.

That's who I am and that's what I do. I bring expertise in some areas but I don't bring it in all. So I'm going to show this in organizations. These aren't all of them. I don't know what's all in your area. But these are things to be considering in the planning process to make sure that there are representations sitting at the planning table. Next slide.

So centers for independent living, are you here? Oh, nice. Nice. Welcome. I used to be one of you. You probably heard that in my intro. I actually worked for independent living. Service centers for people with developmental disabilities. Very nice. Deaf and hard of hearing community?

All right. Blind/low vision? Very good.

Mental health? You all are doing good, planners.

Multiple Sclerosis Society? No? Anybody here who does in-home care? All right. Very good.

Alzheimer's association or related? Very good.

And area agencies on aging? Okay. I see a few hands. Very good.

Did I miss anyone? Yes?

>> AUDIENCE: I'm from the Northwest health care response network. We do emergency management, healthcare emergency management for king and pierce counties so we work with all those sectors.

>> RICHARD DEVYLDER: All those are part of it. So healthcare management. Very important. Yes?

>> Disability Rights Washington

>> RICHARD DEVYLDER: All right. Disability Rights Washington. Very good.

All right. So got almost everybody on this slide. So these are important. It's important that everyone is working together with these organizations and what we're doing. In California, one of the things that happened in 2006, the council for the blind introduced legislation that required the state to have disability representatives three or more on every state planning committee that would impact people with disabilities. And that's what we have at the state level. The local levels, you may want to do it a little bit differently. But the key point there was you guys don't have disability representation and that's what they were saying to California on your planning committees. And so we now have that and our director actually appoints the individuals to those committees under my advisement as to how we do it and to make sure that we're diverse.

So the representation has to be people physical disability, people with sensory disabilities, people with intellectual disabilities, mental health. And anything else that we may be missing that may apply that representation needs to happen, we can include them. Next slide.

So utilizing the service system is very important. So many of you who raised your hands today aren't just important for the planning, but you're also a resource. And response.

And utilizing that system is critical. And we all know that in a disaster, we need our community-based organizations. We need them. We use them. And we know.

What we need to make sure we don't do is not plan with them ahead of time so things will go smoothly and we don't use them so much that their funding drops considerably in the middle of the disaster and they can no longer operate. And so we

have to work with them to make sure that those type of things aren't happening and that we're working with them to ensure that their needs are met, too, in the process.

So in terms of the system, the personal care type services that you may have, home health, Meals on Wheels, anybody here from Meals on Wheels? I don't think so. Community-based organizations which we've talked about. Transportation service providers. We'll go into more detail when we get into evacuation. Centers for Independent Living. Regional centers for people with developmental disabilities. These are the service systems both government and nongovernment that are critical in response. And in planning. So we need to make sure that we're incorporating them in what we do. I have a cool quote for you. I have to read it because I can't remember it any more." There was an important job to be done and everybody was sure somebody would do it. Anybody could have done it, but nobody did it. Somebody got angry about that because it was everybody's job. Everybody thought anybody could do it, but nobody realized that everybody wouldn't do it. It ended up that everybody blamed somebody when nobody did what anybody could have done!"

And what's important is that you can't say this about yourselves in the planning process.

And what we have seen failure occurred is when somebody thought it was somebody else's responsibility to plan. And we're going to talk about sheltering and so I have a saying. Who's here from ESF8 who does shelter planning? Very good. Yeah, should we raise our hands? ESF6, who is here from that? All right. Now, listen. This is my saying for you two. If you don't want to be married, you've at least got to be dating.

Because I hear so many times that ESF8 is medical. They don't come through our ESF6 shelters. But general populations. I won't use profanity but hogwash. The courts have said and the U.S. Department of Justice has said that people with disabilities have a right to be in general population shelters. So we have a right to be in general population shelters. That means ESF8 plays an important role in making sure that there is a level of medical services that are provided in ESF general population shelters. And it won't work otherwise and we will put a surge in and such a burden on the medical staff unfairly that it's not going to work right.

Especially in the catastrophic events.

And the reality is when you see me, where might people think I should go? Let's be honest. Medical shelters.

That's a reality. I know that because people have told me that. But guess what? Other than being born without arms or legs, I have no other medical issues. I take no medications. Nothing. I was just born without arms or legs.

And I have lived independently in a community for a long time.

With obviously supports that I need for personal care.

But other than that, there's no medical related. So there would be no reason to put me into a medical shelter.

Next slide.

So we're going to play a little video here. Talk about the demographics which I think are important. It's an 11 minute video, but I think it's worth it to explain what we're looking at in terms of the big picture. (Video: Quality services for people with disabilities) captioned



>> RICHARD DEVYLLDER: All right. So hopefully that gave you a little flavor of what we're talking about. People say to me what are you going to be talking about actually? So I say that when you say special needs. So, if somebody says to me people with special needs. My response is usually "Who the hell are you talking about?" I mean seriously, we need to make sure we're talking specifically about who it is that we're serving and what needs we're trying to meet. So language is very important to us. And updated terms for instance, people first. It's not a new thing. It's not a new concept. But you need to look at disability as who they are. They're people. And referring to us as people first is most important.

Disability is secondary in part of human nature in terms of who we are and so forth. Also terms consistent with the integration mandate that's in the ADA is important.

Now let me say that the federal agencies can really confuse us. So when we were developing a course that we now have available to emergency managers on a national level through FEMA and the emergency management institute. We did research on the definition of special needs. We found 62.

Perhaps that could be a little confusing?

Does it tell us anything? Does it help us a whole lot with planning? Not really. And it's really not meeting the mandate of the ADA., which is integration and accessibility.

Also, respectful and straightforward terms are important. That's with any culture. We want to be respectful on the language we use. And that's the same with disability. We need to be respectful in that way. And we refer to people with disabilities only if it's relevant. If it's not relevant, why bother. And then avoid terms that lead to exclusion. Next slide.

So in summary, we need to open a dialogue which you all have done with the disability and access and functional needs network because that will lead to cooperative planning and appropriate response. And then raise awareness of and commitment to planning with these individuals in the groups.

I always say that it's better to give our feedback at the beginning than at the end when things are gone terribly wrong.

And that's what we have seen consistently happen is when there's not that integration with everybody being part of the planning, the results at the end are

somewhat worse sometimes than the disaster in and of itself. And so we need to make sure that we have that integration and everyone is seen as players in terms of what it is that we're trying to achieve.

Next slide.

And then provide those who are responsible for developing and implementing emergency plans with the information necessary to integrate people with disabilities and others with access and functional needs. It's important to understand that emergency managers and planners know their job. Those of you who are disability rights advocates and are with community-based organizations know your job. So it's really bringing the two closer together. And people ask me what it is about you, I bring the two cultures together in planning and in response because that's really what it's about is bringing the cultures together to plan and respond as properly as we can.

Next slide.

Accessible communications. We saw in the video that the largest disability are people with hearing loss.

Yet we don't make our communications accessible. It's mind-boggling but it's a reality that we need to be dealing with and that we need to be accessible. So I have an eye and an ear here for a reason. And I once had a professor say to me that a message isn't in what's sent out? It's in what ... is received. It's in what is received. So when we're doing communications planning, we need to make sure that the message that we're sending out, the intent that we have behind the message is actually received.

Next slide.

So what does this mean? Communication access means providing information in ways that can be understood, utilized, and trusted.

Understood, realized and -- understood and realized and trusted. And the trusting part is very important. And that's where community-based organizations come in to help out to make sure the communication gets out in accessible format but it's also going to be trusted when the community knows that you worked with those organizations in the planning ahead to get the messages out. The key here is the same message has to go out at the same time.

This is a disaster. And we need to make sure that all of our population is getting the messages that you feel are important enough. And I say to my bosses and the folks in California when they're doing messaging, well, if it's not important enough to have an interpreter, why are we having a press conference? Because the information can't be all that important.

So, if it's important enough to put it on the Web site, it needs to be important enough for the Web site to be accessible. So individuals are getting the message and the information that it is you're trying to put out.

Next slide.

So who needs communication access? We saw on the video, people who have access to communications differently see, hear, speak, move, read, learn, remember, understand.

Next slide.

The communication types applies to disaster and local assistance centers, alerts, warnings, and notifications; preparedness materials; call centers; and press

conferences.

And anything else that I may have missed that you think is important in terms of what communication you're putting out.

Next slide.

Social media and Web sites. Isn't this what people use now? I mean, shoot, sometimes I hear about a disaster in the media before I actually see it from my office coming from our warning center. I can't tell you how many times when I get from the warning center, I said, "That is so 5 minutes ago" I knew that. It's too slow. So that's where that information goes, too. So, if you're not putting information out that's accessible in social media and web sites but other people are putting information out, you may have individuals who are deaf or hard of hearing or blind or have low vision getting the wrong information because you're not making it accessible and somebody else is putting bad information out that is. In shelters, critical. We make sure criticals have communication. Radio and television, printed materials, and news articles. We need all those things to be accessible.

Next slide.

Communication redundancy. You need to announce, caption, picture, email, relay, text, post, interpret, and repeat.

Be redundant in the communication that you're putting out. Next slide.

Alternative formats. Large print, audio, electronic, and Braille. Those things are important. People are receiving the information.

I see this as a problem a lot of times when you're asking individuals to review plans with you and give their feedback. If the plan isn't accessible and they can't read it fully, i.e., you have tables in the documents that aren't accessible for a screen reader for someone who is blind or has low vision, they're not going to be able to give you full feedback in terms of what you need. Next slide.

Emergency alert system. Officials need to ensure that there's compliance with program accessibility for people with disabilities in the emergency alert system. A lot of different ways to do that. Next slide.

So what I wanted to show you here is a video that it's a press conference or it's kind of an announcement that administrator Fugate put out in 2011. So don't anyone take this date of November as serious. This is 2011. But I want to show it to you because it speaks accessibility. Let's take a look.

(Video)

>> RICHARD DEVYLDER: So as you can see, from this announcement, we have an interpreter on the bottom left screen in the box. We have captioning. And I will say that the captioning in these videos need to be improved. They need to be bigger. The wording just isn't big enough. And so that's one of the areas where there could have been improvement in that.

When Neil who is a person who was deaf was speaking, he was signing, there was a voice so that those who were blind or had low vision could know what it was Neil was saying. So there's some examples of how to make communication accessible when you're putting an announcement out or you're actually doing a press conference. Next slide.

Did it freeze? There we go. So captioning for press conferences and interviews we need to make sure in shelters that we're turning captions on for TV news. 10 minutes, all right.

And include voice reports with flashing news updates.

Next slide.

Read emergency scrolling text information. Never block captions with other text. And broadcast messages multiple ways.

So anybody here from broadcasters? All right.

You all have work to do with broadcasters. I'd say it to their face. They don't like us. You can put an interpreter on the screen, it takes up space on the screen. Interpreters get blocked often times. Captioning gets blurred because there are things in the background where you can't see captioning actually on the screen. We all have to work with our state and local governments and the broadcasters to address these issues.

Next slide.

Use during press conferences, have bilingual staff available in call centers, that's important. Make sure people know interpreters are available and the times they're available especially if you're in a shelter environment and you don't have enough interpreters to covering everything and you have to put them on shifts we need to make sure people in the shelters know and what's going to happen to communications if there isn't a interpreter present in a shelter? What are your other communication options available to you at that shelter? Next slide. Social media. Americans are relying more on social media. Includes Web-based and mobile-based technologies and social media does not replace local alert systems. The local alert systems are critical. We can't just be dependent on the media to get that information out. Next slide.

Video relay services is another thing that we need to be working with to make sure it's accessible and the messages are being provided and the communication can occur both ways. Next slide.

And emergency warning systems should automatically convert messages from text to TTY. Not everyone is using TTY any more. It's a low number. But as long as individuals are using TTYs, we need to make sure we have the ability to communicate with them and to them.

Next slide.

In terms of evacuation and transportation, next slide, essential concerns to think about. We need to identify the need, integrate the resources, the facility accessibility, adaptive equipment, pets and service animals that we talked about earlier.

Accessible transportation, and entering evacuation zones. Next slide.

So public warnings: If you just use loud speakers, who is going to miss out? People who can't hear. People who don't know they can't hear. Are going to miss out. People who do know. Picture signs, using those.

Notes. And simple sign language signs for emergency workers going door to door.

Have interpreters as part of the door to door process so that you can try to communicate as effectively as possible during evacuations. Next slide.

In terms of service variation, it's really important to communicate with the community ahead of time and they have their input. If services have to be suspended or they have to change for my reason during a disaster, the communication of that information is important. So we've seen over the years situations where government has said we're going to have to close down public transportation. The fixed route. Six hours before we anticipate the storm coming in.

And then we've heard them say, "We're going to allow private service to operate two or three hours until the storm is supposed to come in."

Well, what if the private service isn't accessible? Who's paying for it? People economically can't pay for a taxi to get evacuated from a local area. So all those kind of things have to be communicated and spoken about ahead of time and then the messaging and how you're going to get the messaging out is important.

Next slide.

The service suspension that we talked about, what is the internal and the external notifications and the electronic notifications. We have to make sure we're providing that information out and that everyone is getting the same message at the same time.

Next slide. Registries: I don't know, do you all have registries? I see a few nods.

Most people don't want to admit it. So registries. Perceived promise or guarantee. I don't care what your disclaimer is. Want to make a bet? Planning is based on individuals always being at home. Just because you know where I live doesn't mean you know where I am.

>> AUDIENCE: That's right.

>> RICHARD DEVYLDER: Tendency to view those on the registry as the only ones who need assistance.

And if you don't believe me, I've actually had emergency managers in this country say to me if you're not willing to put yourself on a registry, why should we be worried about evacuating you?

>> AUDIENCE: Seriously?

>> RICHARD DEVYLDER: Really? Really. Because by law, your evacuation is supposed to be accessible. That's why you should be worried about evacuating me.

Focus on registrants first rather than looking at the population in general. Where there are registrations in the country, they won't tell us how effective they are. But they will say that less than 5% of the population they anticipate would benefit from it actually puts themselves on it. So we only have a plan for five percent of the population that needs it? That's what the focus ends up being. And lastly there's a

perceived promise or expectation, I should say, that's not there to first responders. Because the reality is the first responders are the ones who get blamed, not the emergency managers. And it's the emergency manager's responsibility to give the first responders and the planners the responsibility to give the first responders the tools that they need to do their job.

And that means wheelchair accessible vehicles so that evacuation is accessible for individuals.

Next slide.

Using services stuff is critical. We talked earlier about that. Using in-home supportive and personal services. Home health, Meals on Wheels, community-based organizations. Transportation providers, Centers for Independent Living. They're not going to give you their databases. But they can coordinate with you where people are and what their needs are. The transportation providers know they last dropped somebody off on that day. That's important information if something is happening you didn't anticipate was going to happen when you woke up that morning. All important things. Next slide.

So let's take a really quick look at a video that we have regarding first responders.

It's not going to work? All right, we'll skip it. We don't want to spend time. But what it was is we did a video with county fire and law on doing evacuations and we had a variety of people. There's two I want to point out to you. One was an individual who had cerebral palsy and was an augmented communication user, had a communication board. And we did a half hour on evacuation takes with him. I gave the first responders no scripts. Totally live how they would actually do it.

When we told them this was going to be the last shot we take, one of the first responders asked the gentleman "Is there anybody else in the house?" Guess what? His father who had a stroke who needed assistance more than he did was in the back of the house.

So that question of "is there anyone else" was important. And the thing we learned through that process was that first responders were rightfully trying to get him out because the scenario was a burning fire down the mountain and he needed to get out.

The second thing was we had two junior high girls who were totally deaf and used sign language. And in that we asked the officers to alert them that they needed to be evacuated from the home. They had no idea what was going on. So the officers were going around the house, banging on the windows, knocking on the doors, and the girls weren't moving at all. So then they started flashing their lights, their flashlights into the windows. And one of the girls became alerted that there was this light flying around on the wall inside the house. So they peeked out the curtains and officers pointed to the front door and they asked them to come out. What we learned in that process -- they had picture boards. The police officers did. And they pointed to fire. But what the officer did, he didn't realize was a key, is he pointed to the distance. And what that meant to the girls who were deaf is that the fire wasn't in their house, but the fire was coming from another location. And that's why they needed to get out. So that calmed them down a little bit they said and they were able to go with the officer and be evacuated from the home. So those were important things that we all learned in

the actual shooting of the video.

So here's some adaptive equipment that we need to take into consideration. Toilet chairs, lifts for people, shower chairs, walkers, wheelchairs, scooters -- those kinds of things are very, very important in evacuation. So for those who are planners, first responders and transportation providers, asking individuals in an evacuation what essential equipment are they going to need in a shelter is very, very important.

Imagine me without my wheelchair. What do you think my independence is? Zero.

Absolutely none.

Now we've put that on those responsible for sheltering.

And now they have to assist someone like me who can do absolutely nothing for themselves. What do they end up being? A burden on the medical staff. Because that's where they have to go. You put me in my wheelchair, I have a lot more independence, I can take myself to the restroom. I can get food. I can go tell them if I need help with something. All important to make sure we have our equipment. Next slide.

Makes sure we use different types of vehicles for transporting and different services. Including fixed route busses, private services like taxis and shuttles. Train systems or light rail systems are important in the planning. And then the school bus system is critical.

School bus system needs to be a part of what it is that's happening and understand what evacuation plan actually is.

Next slide.

Paratransit. Anybody here from paratransit? Okay.

A few.

They can't do it all. Stop writing just them in your plans. That's no reality.

They have other parts of the county that they have to cover besides just the part where there's a disaster. So my point here is we have to stop saying paratransit is going to do evacuations for us and start saying they're a tool with other private and public services that may be able to help us with evacuations. Because you need multiple sources to make it happen.

Next slide.

So here's questions for you all to be able to answer in evacuation process. What evacuation plans currently exist? Are multiple entities dependent on the same evacuation resources? Do your response plans account for movement of individuals from schools, neighborhoods, medical facilities, and nursing facilities?

Next slide.

Have residential care facilities been identified and mapped ahead of time. Do residential care facilities have evacuation plans that point out more than paratransit to evacuate their facilities? Because if that's what they're dependent on, we have a problem in the neighborhoods and who is going to go get people. Are transportation service providers incorporated into evacuation plans including aiming and disability transportation providers? Next slide. Do evacuation plans address areas of the community not served by transit?

Do you know where people with access and functional needs frequently get on your transit system?

I.e., the discount passes for people with disabilities and older adults.

Do we know where a lot of them are sold. That tells us a lot. Can neighboring transportation jurisdictions assist in emergencies? Mutual aid isn't just in first responder's equipment. It's also meeting the needs of people with access and functional needs. Next slide.

During nonoperational hours, how quickly can transportation providers respond? Are wheelchair accessible vehicles and trained drivers immediately available during evacuations?

And do drills and exercises involve first responders, disability providers, and people with disabilities?

We are not just victims. We are experts. Don't just have us as victims in evacuations or evacuation drills. Have us also as experts with you in the planning. Next slide.

We already talked about a lot of these. Potential transportation resources to be considering. Next slide. Here's some more to make sure that we're considering all of these different resorts in our actual planning. Residential care facilities that can make life miserable for you if there's not plans. We all know how to get this done. So mapping ahead of time. Making sure they have plans in place. I don't know your organizational structure or system who they answer to in the plans. In California it's the state. I always say the local governments. Don't wait for us to tell you if the plan is going to work. Do it with your care facilities at a local level.

Don't wait for us to tell you.

Next slide.

MOUs are important. So providers that we talked about, having memorandums of understanding is very important so everyone knows what's going to happen. Next slide.

Do we have time to do sheltering?

>> AUDIENCE: Or questions?

>> Either/or

>> RICHARD DEVYLDER: Let's do sheltering. I'll be around for an hour after this you can ask me questions. So sheltering and support services. Carlos getting a little tricky there. All right. So essential considerations and sheltering. Physical access. So, if your plan is to use an older school, good luck. Might not be very accessible. If that's your only option, you need to know what it is that you need to do to address the physical access issues so that you can use that school for a shelter.

General population versus medical sheltering. Key here -- and I mention this earlier about myself and where would I go. The line is gray. It's neither black nor white. It's a conversation and dialogue with the individuals about what their needs may be. Do they have significant medical issues. So people like to say sometimes acute care and above. Are most likely going to be appropriate for medical shelters. Below acute care general population shelters. That gray line is where you need to have the experts, not just medical experts but people with disability experts in the sheltering where the decision is being made as to where individuals are going to go whether it's a reception center or the intake of a shelter, you have to have a dialogue with the individual. And with the experts to make what is the best determination for those individuals as to where they should go.



Support services. We talk about -- just a minute. Communications and programmatic access. Not just about the facility being accessible. But it's about the programs and services that you're providing in the shelter that need to be accessible. So, if you're serving food, do you have tables that are at multi levels? What you don't want to have to do is pick me up off the table when I bend over to get food? That's a reality if it's too low. Having tables that can be raised or having the ability to raise tables is really important. Then recovery, recovery process is important. We don't have time to talk about that later on. But it is critical to be thinking about. Identifying shelter sites and facilities. This is Santa Clara county in California. And what they did is their approach put a tool together and incorporated the Department of Justice on shelter access. In California we have stronger laws. In some areas for physical access. They need to be determined to make sure that it met state accessibility laws. Title II 4 in our state. So they put that together. They trained about 30 individuals from the government and from community-based organizations that serve people with disabilities and they went out and they surveyed. And the supervisors told them we want two accessible sites identified in each of our districts. Then they have to prioritize. How they're going to do it. They have to prioritize which facilities can be used first, second, and what changes need to be made or what services need to be brought in to address accessibility. So when we first arrive at the shelter, the access. Think about the route. If transportation is now operating during this time of shelters being open, is the route from the bus stop to the shelter site accessible? Is the entrance accessible to get in? . Entrances, provide accessible drop off area with accessible path to travel. Post directional signage to accessible entrances. Post signs on the accessible route is different than route used by other evacuees. Hopefully people with disabilities are not being asked to go in through the back door, not cool. Not cool at all.

Here's examples of mitigating accessible needs or issues. Putting in a thing over the left or a smaller ramp. You notice the first one doesn't have handrails. That could be unsafe. The one on the right has handrails. That would be safer. Next slide.

Consider elements such as sleeping areas, restrooms, bathing facilities, drinking fountains, and the dining area. Next slide.

Number see a problem? We have three pictures of cots that are sort of everywhere.

Not very wide paths, right? For individuals to be able to get through. Now we understand that this is a natural thing to happen in shelters. But it's important that we set it up properly and that we try to maintain access throughout the time the shelter was open. Next slide.

Ah! This is the Department of Justice drawing. So when you see here is accessible paths for people who can get around their wheelchairs if they're using walkers, are they using service animals. There's space there for the individuals to be able to get around inside the actual shelter. Next slide.

Anybody see the wrong thing? Well, if you use a wheelchair or you're an older adult who has trouble climbing -- I wouldn't call those stairs. I'd call that a ladder to get in.

Because that can be a little bit of a problem. So what should we do? Next slide.

Make it accessible or as usable as possible. But the key thing here is let's bring in

accessible units. Let's plan for that. Now, in this situation, this is a real situation the shelter I went to that people cannot get into the shower or the bathroom. And we had to do something at that point. And that was the solution at that point. Now, I wasn't in charge of the planning ahead of time or this guess what would have happened? We would have had accessible units being brought in. Next slide. Anybody see a problem here? As a man with no arms and legs, I find these washing stations very offensive. More so because you have to have a foot to use them. It's a foot pedal. So sometimes things become nicer and bigger and more inaccessible. So just because it's new doesn't necessarily mean it's good. So don't make that assumption. Next slide? Feeding area. Tables at different heights and there's space in order for individuals to be able to get around. That's all very important in order to make the shelter accessible. Next slide.

General population versus medical. Talk briefly about that. It is a mistake and it is inaccurate to view most people with disabilities needing medical assistance.

Even people you don't view as having disabilities take medications.

So you're going to have to address it. You're going to have to do it.

Medical resources should be reserved for those with acute and medical needs.

We believe that people with disabilities need medical care, as I said overburdens scarce emergency medical resources that may be needed. Those who do not have support from family or others need assistance managing acute medical needs. If a person has unstable, terminal or contagious health condition, they may need a medical shelter versus a general population shelter. Next slide. FAST. Anyone ever heard of FAST? You all have? We're going to skip over. A team goes in and provides assistance to the shelter staff to make sure we're meeting people's needs in a general population shelter. Keep going. All right, examples of CMS, consumable medical supplies. Medications, catheters, wound dressing supplies, incontinence, oxygen, and feeding tube supplies. I have these on the list on purpose. In other words, these were reasons given why people with disabilities shouldn't be in general population shelters. We live with this every day at home. Why not? Why not be a general population shelters and we get plan in medical shelters, we get planted in general population shelters. Next, durable medical equipment. Regular and quad canes, walker and crutches, folding white cane, manual wheelchairs, portable ramps and shower chairs.

Next slide. Cots. If they're all military, you got a problem. We gave you some dimensions you'll be able to see you all have access to this PowerPoint that we recommend you look at doing and having available. FEMA has a policy now they don't buy military cots any more when they buy cots. They buy these type of cots.

And here are pictures. The dos and the don'ts of cots. If you don't like them, we don't like them either.

So let's not use them. Next slide. Here's more examples. On the bottom there, air mattress.

Think diversity of what individuals are going to need in a general population shelter. I have actually had hospital beds taken to general population shelters. So individuals could stay there. It was about their weight and their inability to transfer. Those were the issues. To be able to use a cot. But a hospital bed works I had a conversation with them and told them their options and we went with the hospital bed

in the shelter. The EEOC was not too pleased and neither was the emergency medical services agency.

But we got over it. And we put the hospital beds in the shelters allowed people to stay there for several weeks.

Next slide. Transferring and dressing. The picture here is wheelchair with a cot next to the wall. They use a wall for support so they can transfer on to the cot. That's very important. Next slide. Using different options. This is a voting booth in New Hampshire. But why can't it be used in a shelter for privacy? For individuals to be able to take care of themselves. Next slide. There's other options. Tents are accessible now. Use accessible tents. Setting up in a shelter so individuals can have privacy. I know, I know, I know, everyone weighs going's -- everyone's going to want one of these tents. You just got out of the building. Power issues, backup power ply access for individuals who require power to maintain or operate life sustaining devices, motorized wheelchairs or preserve certain medications requiring refrigeration such as insulin. Next, PAS, personal assistant services should be provided in general population shelters.

FEMA has a backup contract. But you must not rely on that contract. It's been used, it was used during sandy, but it's very hard to get there. It takes days. You didn't have your own plan as how you're going to provide personal planning services in general population shelter. I am an example of someone who needs PAS whose assistant, believe it or not, Carlos is not with me 24/7 and I may get to shelter and need help. I have personal assistance needs and we need to make sure we're planning and providing. Next slide. Who may provide the services? Could be family, could be friends, could be neighbors, could be evacuees of the shelter, could be home health aids and could be any home care program that you may have within your county or city. Here's the contract information. If you go on to FEMA's Web site and look up ODIC, Office of Disability integration and coordination office there's more information about that and there's also more information about functional needs and support services in general population shelters. I think we'll wrap it up there. I have one minute. Do you want me to take a question for a minute?

>> AUDIENCE: One burning question.

>> RICHARD DEVYLDER: Who really wants to ask me a question? At least in public? It's a lot to think about. There's a lot to do. Yes, sir.

>> AUDIENCE: So you are saying that people don't want to go on registries. You have a suggestion of how we go out and find these people?

>> RICHARD DEVYLDER: Well, first of all, I wouldn't approach it as finding these people. You're not going to. As I said earlier, just because you know where I live doesn't mean you know where I am. I will grant it to you that there are some individuals who spend most of their time at home. My point is use the service systems that exist whether they're in your county or your city. What we have found on the registries is that when somebody starts a registry and they go back and compare it to the service systems like Meals on Wheels, home health, paratransit, they find that 80% of the individuals on the registry they already knew about and they just coordinated with the service system that exists within your government structure, they would have been on the plan to know where people are.

Anyone else? No? All right. Thank you all. Best to you.

(Applause)

>> CARINA ELSENBOS: Let's give another round of applause for Richard.

(Applause)

Thank you, Richard, you've given us a lot to think about as we move into our sessions and talking about specifically shelter and transportation, touching probably upon the evacuation piece as well.

So with that, I'd like to welcome Deb Witmer with the Seattle Commission for People with Disabilities up to talk about how the day is going to flow.

>> DEBORAH WITMER: Good morning, everyone. Can you all hear me okay. I'm short, vertically challenged, let's put it that way. So I'd like to give you a taste of what today is going to be like.

And I am very excited about today because we've designed this to be different, I think, than most any day that you've spent together working on these kinds of issues.

We are hoping today results in meaningful conversations and longer lasting relationships within the group of people sitting in this room today. So in order to do that, we have broken you up into what we call cohorts. And most of you will have on your name badge something that says where you belong, a name. And you are going to stay with that group or that community for the entire day so that you can get to know them and you can have some meaningful conversations around the topics that we're going to present to you. So in an interesting twist, the facilitators are going to move and you're going to stay within your group and in your room for the day. And we're going to move around and visit each of you with our four topics.

So I am -- it is not lost upon me the irony that on a day that's going to hit 80, we're going to ask you to imagine snow and ice.

Snow. It's wonderful thing here we get it in Seattle or in King County in general. I like to drink hot cocoa and watch it come down until I got involved in emergency work and I can't do that any more. When it comes down, I'm busy doing other things as most of you are. But we're going to ask you to imagine snow and ice and we've come up with a weather scenario and I'm not sure how to get to the next slide. Hit something. I guess somebody should have told me that before we started. But what very done is designed a weather scenario for you that we're going to spend the entire day talking about. And I need to just give a thank you and some credit to Kenneth from the Seattle Office of Emergency Management. He allowed me to pilfer a scenario he had come up with in order to use today. So for today I'd like you to think that it's December. So we're almost six months away. It's in December. And four days ago temperatures dropped below freezing. And it began to snow. And it didn't stop for four days.

Pretty much we now have a major accumulation of about 20 inches plus in all areas in King County and our surrounding region. It has gotten snowy. And what did you push to get that to the next one? I got it. Excellent.

And let's see. We are going to have more snow today turning to rain and freezing rain and the precipitation is going to end tonight and it's going to be dry for the next three days. So we have an opportunity, because in three days, another major winter storm is approaching.

And we anticipate only three days of dry and clear weather before that system

reaches the coast and hits us again. So we have an opportunity, three days where we can do something about what's happened in the last four days and what we anticipate happening coming up again in three days.

And to talk a little bit about what has happened regionally, we've got major power outages. At least 197,000 people and that's going to increase. We can count on that.

Snow and ice loading of trees and power lines and roofs. Imagine what that's going to cause. The power outages, the flooding, the roof collapsing, all of those wonderful effects.

Travel is not recommended. And all of the regional jurisdictions are all warning people to stay off the roads.

Snow is turning to rain in some areas and that's bringing slushy roads, blocked storm drains, ponding on roadways, and minor flooding and more pipes breaking. There's going to be probable river flooding with the snow melt if you're in a river area. So we have some major impacts that have gone on now that the sun has come out a little bit and we wake up and see what 20+ inches of snow is doing and anticipating what ice is going to do on top of that as it turns to freezing rain.

So we have invited all of you in to these rooms to start looking at what we're going to do and how we're going to work together to do it.

And that's what today's conference conversations are all about. We have subject matter experts and facilitators who are going to join you for four sessions today on preparedness, on communication, on sheltering, and on transportation. And we know that a lot of these things mix together. So as the day goes on, your conversations will get deeper and more involved and you'll be able to really make relationships with the folks in your room about how you're going to work together to solve some of these problems.

So that's exciting to me. I'm hoping we're going to have lots of great conversations. And before I send you away to get started, I have a couple of notes. We've had just some minor changes here at the hotel for today's conference, if you're in the Monterey room, it's now Dallas. We're not sending you to Texas. We're just sending you to another room. So, if you're in the Monterey room, if it says that on your tag, you're going to the Dallas room. If you need a visual cue, I'm also going there for the very first session. So, if you don't see me in your first session, you're in the wrong room. You need to be in the Dallas room.

And a note about that. We have made real effort to put these cohorts together so that there are representatives of all of the areas in each room. So please go to where you've been assigned so that we have a nice full cohort in each group. And if you registered today, if you did not register ahead of time, please check in at the registration desk to get your room assignment if you don't already have one. They'll have one assigned for you there.

So we've got time in the first session set aside so we can get to know each other in the room and then we're going to spend 45 minutes in each conversation. We're going to have a lovely lunch in the middle where you can also sit with other people and get to know each other more and we have resource tables outside that you can visit in between to gather resources. Most if not all of you, should have gotten a USB drive that will have them all digitally, there's also a hard copy out on the back on the resource table. You can take a look at what you get. Let's get going and get the

conversation started. Thank you.

**\*\* Shelter \*\***

>> Martin Zurich, Seattle Police Department specifically in our operations and planning center. Probably more appropriate to call it a coordination center. Thanks for having me here today.

>> I'm Bill Bowden. I work with Northwest Community Centers. We do dialysis for people with kidney failure and have 1500 patients throughout King County.

>> I'm Sarah Eckman from Clackamas County Emergency Management down in Oregon. There's four of us from the Portland area today who are very interested in what you're doing up here.

>> Kristen Multnomah County Oregon. I'm part of the RDPO Regional Disaster Preparedness organization out of the UASI grant for the Urban Security Industry.

>> Hi, I'm Kim Massey. I work with the State of Washington Department of Services for the Blind. I'm a rehab teacher here in our training center in Seattle.

>> I'm Sharon Cooks. I'm a volunteer with the City of Renton Emergency Management.

>> I'm Jim Brownfield. I represent Anchors of Washington an individual provider for -- I'm here with Jeremiah White. I'm a live-in, so I live with him seven days a week and then I have 7 days off.

>> DEBORAH WITMER: Do we have two -- would you like to come up and join us? No? Do you want to introduce yourselves?

>> Go ahead

>> I'm with Jim Balmfield, I'm a residence of Anchors.

>> DEBORAH WITMER: Thank you.

>> I'm Linda Porter, and I facilitate a coalition on respite in the State of Washington. But I work for Easter Seals, Washington, which is a nonprofit that provides assistance to individuals who are disabilities and their families. I just have something else I have to do.

>> DEBORAH WITMER: Okay.

>> I'm Thornton Boman. I currently am chief operating officer for a regional primary care association, but I got involved with this through a disability rights organization. So now my job has changed.

>> And I'm Alex Stone. I work for Assistance Dogs, an organization who trains dogs for people with mobility and hearing impairments. My dog Flasher is under the table. And I'm sure he'll make an appearance at some point nice dog.

>> I'm Debbie Myers with Disability Employment Services we are a facility-based program for packaging and assembly. We employ about 65 people with disabilities in our facility in Kent. And then we support about 35 people in jobs throughout south King County.

>> I'm Stacy Hansen, and I'm a human services coordinator for the City of Tukwila. So I connect Tukwila residents with social services that they need to help with their stability and independence in the community.

>> Hi, I'm Vera Alexander. And I'm from Tacoma. And I'm under Federation of Services in connection with the Tacoma Rescue Mission. We do a -- not a service fee

but a fee (Inaudible) And we work with Tacoma to address people with low vision and giving World Vision and giving opportunities for others that are certified in part (indiscernible).

>> I'm Ann Kennedy with Paratransit Services. We do not provide area transit services as our company name that existed before. Connected to ADA complementary service for transit. We are one of the nonemergency medical transportation providers or the Medicaid broker in Washington State. We serve Pierce County, Kitsap, Clallam, Jefferson, Gray's, Thurston, Lewis and Pierce Counties, so we in Pierce County in this environment or this exercise we would be supporting emergency and King County or Snohomish.

>> My name is Esther, a director with human services we're a state agency for people with developmental disabilities.

>> My name is Via Franklin. I work at ARC of King County. I work in an African-American community as assistant community we provide service and support to families who care in the home. And I'm on a disability council member.

>> Sheri Badger, Pierce County Department of Emergency Management. And I've been doing high-risk population clinic for seven years.

>> I'm Diane Stibb. And I work with King County Housing Authority. In our population we have 23 buildings in King County that have service coordinators. So our job is to help people get the services they need and stay independent and at home. There are eight of us doing that in 23 buildings in King County?

>> DEBORAH WITMER: Oh, and I hate to put him on the spot. But we just had someone join us. And I'm going to ask him just to give us his name and tell us where you're from.

>> Robert Blumenfeld, Alliance of People with disAbilities.

>> DEBORAH WITMER: Those who are so accustomed to using acronyms in your work we're going to try to get away from that today or at least explain them. I appreciate those who have done that. If I hear them, I'm probably going to stop and ask that they be explained. Acronyms and professional terminology on all levels is a barrier to communication in a group like this. So we're going to work to try to overcome that. It's also great education. It took me about three years to finally learn most of the acronyms and I'm still tripping on some of them. So it can take a while to do that. We also have CART services available as well as someone who's going to be taking notes for us. So we're going to ask that one person speaks at a time and that's another rule that I'm going to try to enforce so that we have good communication here and also good note taking with our group.

Are there any questions about how we're going to proceed today? From people with rules and who we have sitting at the table? We have a good mix here. I'm excited about the conversation. We're talking about sheltering in the next 45 minutes and that is going to encompass two different types of sheltering. Sheltering in place which to be honest the majority of people end up doing in most situations and especially in a severe weather scenario like we're dealing with today. That's sheltering in their own home environment and emergency shelters and warm shelters and those kinds of shelters that are stood up by governments and nonprofits and in communities that are often not necessarily planned ahead of time but something that might spring up just in the moment. So those two different types of sheltering is what

we're going to talk about today. I'd like to just get a show of hands. How many of you participated in what's called a table top exercise? Awesome. Because that's a lot of what we're doing today. We established a severe winter storm. So sitting here for the last four days, it's the first time we've all gotten out because it's been snowing and we fought through 20 inches of snow to get here and somebody got her late because the snow plow didn't get her street cleared enough so she can take it. Would you like to tell us who you are

>> I'm Kayla and I'm with the Seattle Office of Civil Rights and I coordinate Title II for Seattle.?

>> DEBORAH WITMER: Awesome. Thank you. We've set up a scenario of where you are. We've asked you to suspend disbelief a little bit and think about it being snowy and doled cold and you've been cooped up and now we've come together because we have a window of time before the next storm is going to hit and we have a lot of work to do. Each one of you from your own perspective has something you should be doing right now. It means needing information. It means needing partners. It may mean needing resources and that's a lot of the conversation we'd like to have today. So I'm going to start, I think, by flowing it open in case someone has come thinking about this or you have something in your head that you know you grapple with when this situation hits and ask as we have this window of opportunity, what is it that you need? And I'm particularly interested in those community-based service organizations that have clients out there and are now in the window and going I'm curious what is it that you need? And what -- who do you need to talk to and what information do you need? What should you be doing right now. And I'm hoping somebody will jump in and start the conversation.

>> Ester: For me, I do the class housed. One thing we don't have arranged for is transport. So we are support to transport those people in our own cars. I am supposed to call my supervisor. Try and get to a regional place. I don't know, I might be wrong, but as far as I know, this is an eye opener maybe we should be asking these questions -- that's what raises -- there's no set up transportation. Some of them can't walk. They can't get into normal cars. So right now I'm thinking -- how do I get them out.

>> DEBORAH WITMER: And I'm going to do what you all hate because you're going to talk really in depth about transportation.

>> So graveyard is one staff. So I'm alone. To take care of four clients.

>> DEBORAH WITMER: Let's take a step back from your evacuation issue and talk about the sheltering piece. So what do you need if you've got those four clients in a home, what determines whether or not they can shelter in place?

>> One thing which is crucial is I should have

>> Darlene (Writer): Can we get a mic.

>> Esther: Okay. One thing that's crucial is -- for food. We always got in mind emergency food for 72 hours. Then the medication. It is always available. Hopefully, there will be power. We don't get power outages. Because these people need to be warm. I am not sure about whether we have alternative for heating the house. So basically -- oh, what I can do or what I'm supposed to do is call my supervisor. Hopefully, she or he will be able to come to help. But it's still a question mark. Situation here we've got an opening, but depending on where my supervisor will be



will be able to get to the house within this time or not? So for me it's a little bit of dilemma now

>> DEBORAH WITMER: And you need information, it sounds like.

>> Esther: Yes.

>> DEBORAH WITMER: Okay, Thornton. It's interesting, the situation you have because where I worked up until a few weeks ago, it's a disability organization we have 19 houses. And depending on when the snow started, you could very well end up with one person supporting four people who can't -- you know, they need assistance transferring, all the other stuff. But one of the issues if it went on for a long time is one of how do you get other staff there to take over? So that would be assuming that there is power and they have heat and they have medications and nobody has a device that they need for their own livelihood. How do you make sure that that one staff person could have been there four days straight pretty much four days straight trying to take care of four different people. So it's how do you get somebody to the house with other staff that you're trying to pull away from their own families to take over.

>> DEBORAH WITMER: Let's continue talking about sheltering in place. How are you going to deal with that gap?

>> Thornton: Well one of the ways that --

>> Would you define sheltering in place for me, please.

>> DEBORAH WITMER: That is remaining within your current living situation during the event. And that may not be in your home. It may be in a hotel room if that's where you are. It may be at a friend's house if that's where you are. It may be in the school if the school decides to shut down and shelter everyone there. So it's remaining in your location and sheltering there. Thank you for the question.

>> Thornton: Some of the plans we tried to put into place was about braving the elements, the managers, trying to get there if they had transportation that could make it through the snow. And sometimes trying to help clients move possibly to another house since we have 19 houses, we were trying to buddy that up. But in a situation like this, I don't know if it -- I don't know. It's a big question.

>> DEBORAH WITMER: It is.

>> Robert Blumenfeld: Remember you have 20 inches of snow on the ground.

>> Right.

>> Robert: Authorities are basically going to shutdown on the roads. I've lived in place where's 20 inches was a piece of cake. So when they shut down the roads, that means you're caught -- you have a supervisor going back and forth isn't going to happen. The other pieces, the electrical services restored takes physical time and the trucks that get the crews out have to be done in a certain way. And so you can presume that the power is going to be out and it's quite possible it would be more than three days. So sheltering in place we had a big storm here back in '08, '09, Thanksgiving through Christmas and stuff and snow was way over the top of my car and I actually could get out because I know how to drive in that stuff. And everybody else is sliding off the road and I don't have a 4-wheel drive car. So the whole point was that it's getting the materials that you need to stay in place and go beyond three days when that came out from the Feds years ago, it left it up to individual states to decide three days or longer. The state of Idaho said it's going to be seven days until

the Feds -- in not so nice language what to do with it. Other states that have a rural population know that three days was ridiculous. So the three days was not ever set up for the population. It was set up for the infrastructure to get the government back up and running in 72 hours, which a storm in 08/09 said forget that. The roads -- four-wheel drive vehicle with chains is going to slide just like ice skates on frozen streets.

So that's not going to work. So really need to have the pieces of everything that you need for individuals more the supply to do it and shelter in place.

>> You know, I -- my concern -- I talked about a facility even though it's a work facility, it's during the day. But you know, 65 people that may not take medication during work but are medication dependent or seizures or a variety of things, I often am concerned about the medication piece. We have, you know, preparedness kits and we have for longer than three days. But still, the medication piece has always been -- you brought it up. And the medication is a huge factor for if we have to shelter in place.

>> Thornton: Because the medication piece, I know that we -- we had it 2 at the agency. But isn't there an issue with -- there's only so much medication farther out. Already you have to manage the medication. Right? Watching for expiration dates.

>> I don't think I need a mic, do I? I have a good projection voice. So I was thinking about often if I'm at work as we saw in the Seahawks when we had the big rally, you can't get from work to home. And I have little children at home or on their way home. That's an issue for me, sheltering in place is how to get to family or how to make sure my children are cared for. They can be enroute as well so I don't know how exactly to deal with that.

>> Also, I work for the ARC of King County with families and a lot of those families have children with behavioral issues. I also have an adult daughter myself who has behavioral issues. So originally, I am from California. And when she was attending school, they always made sure we had 30 days worth of medicine at the school site so just in case something happened while she was at school. Here when I moved here a couple years ago, we had the big storm when the power went out and because she has behavioral issues like a lot of other children, they don't understand. So when you're caught in public, if you're at the mall with these kids, if you're in a shelter and even if you're at home, you're still experiencing some severe difficulties we didn't have power. My daughter doesn't like to keep her clothes on. It was freezing. I'm like how am I going to keep her clothes on her? It's freezing and maybe she could care less, what if she was in public somewhere doing that and when we look at shelters, do we think about the people with disabilities who have behavioral issues? They're not just going to sit down. They're not going to sit still, they're not going to keep their shoes on and this and that. And because a big population of the families that I work with have children with behavioral issues with disabilities, I think that that's something that really doesn't get taken into consideration outside of the home. It's hard enough in the home. But outside of the home. And do I have a solution? No, but I just wanted to point that out.

>> DEBORAH WITMER: May I ask does your agency do anything to help them prepare for sheltering in those situations?

>> No, that's why I think we're here today.

>> DEBORAH WITMER: Okay. That's an honest answer. Who else? We have a lot of needs sitting at the table. How are we going to solve it? Anybody got any ideas?

>> First of all, another thing I want to say is that I don't think that we have these type of meetings enough with families. I think that we always bring professionals in and we need to bring the families in because they need to -- like right now to take all these notes, I have to go back and have a family gathering. I probably have to have a conversation call for the families that can't get out because I need to go over all of this material with them so even though we can sit at the table like this, it's like how do we get that information handout there? I have emergency -- I have so much emergency supplies emergency biases just from living in California alone and I try to share that with families out here. I don't know how much they really get it. And to embed that into their minds how serious it's going to be, because we can have first responders and shelters and all of this. But, if people aren't mentally prepared for what can happen, all the emergency services we have is going to be no help to them because they're going to panic. And we want to put them in a state where, is what I'm thinking, my panic level is less than most people because I am mentally and physically prepared. And I have lived through it. And so it lessens it a little bit. But for those who have no knowledge and no preparedness at all and they're not sitting here looking at this scenario trying to think what would I do in this scenario even if I was just at home. And so I want to make sure that when we leave here today, we find a way to really get this information out into the community because knowledge is power. And it does help relieve a little bit of fear when that time comes.

>> DEBORAH WITMER: Good. I'm glad you're going to have a good 45 minutes to talk about preparedness today. Because you're right, that's critical. You just were taking the mic.

So it's four days of snow and now we have some clearing. I've heard medical issues. We have medicine needs. We have food needs. We have mental health challenges. How are we -- what are we doing now? We have three days. What would you -- what would agencies like to be doing? What do you need in order to make that happen?

>> One of the challenges we have in my agency, my colleagues and I are out in the properties with our elderly and disabled residents and we do preparedness on a regular basis. The challenge that we have is for our family communities. We don't have the same kind of setup that we have staff to go out to the family communities to help them do preparedness. And so that's another challenge that we have.

>> DEBORAH WITMER: And does that extend into the response as well? So we're at day 4? Do you have the same challenge around the response in the event as well?

>> We do. Most -- many of our maintenance staff live in the communities where they serve. And so they are in many ways more accessible to the properties.

They can get there.

Even with 20 inches of snow, they have magical powers. So they can get to the properties. But for the family developments it's not quite that easy.

We do have preparedness communities in our buildings. We have a generator

that can cover the region. Of course, it has to get from place to place. Challenge. It is difficult but we try to have our people as prepared as possible to shelter in place. And we preach that on a regular basis and provide training and opportunities and -- for our preparedness and shelter in place. And I use a document that I have from the Red Cross on how to prepare an emergency kit over a period of months. A month. Our folks are low income. They can't go out and buy necessarily a prepackaged emergency kit but I share with resources how to do an emergency kit over time and just hope that most of it is in place by the time the event happens. Because we -- we did deal with the snow. I'm thinking of the real scenario rather than just what's here. Let's turn this to emergency folks, our emergency managers, you heard a need, we have a gap. I'm concerned about the gap in personal care services but it can be extended to getting food and other supplies they may need. How are we planning to meet this gap? How are we going to get folks what they need to shelter in place? How are we going to meet that need? Have we figured it out? If we haven't, how are we going to make -- I think today is to take that next step forward. Who needs to sit down at a table and figure this out? Because it's going to happen.

>> There are some disasters you know ahead of time are coming. So the coastal ones if they say we have a big storm coming in three days, I think there's a way that you plan for that disaster when you know in advance it's coming. But then there's the one we don't know about, the earthquake, volcano erupting, so you never know about the ones that come about. But what if we definitely deal with the ones that we know are coming in. If we know it's two or three or 24 hours in advance, how would we use the system that we have and get information out and start getting people to stock pile. Do we know -- see, in California, I was able to call the insurance company because it was mandatory to have that extra medicine. I don't know if it's like that here. I'm going to find out now when I leave here. And if it's not mandatory, then we need to do something that may be mandatory because everybody we do need extra supplies. Like I tried to in my own car carry around emergency supplies for my daughter with a disability, her diapers, her blankets, her medicine, extra cans of food and things that I know that she needs to eat. Because I don't know where disaster is going to happen at.

But just the point is that if we know that it's coming in advance, what can we do with advance notice of providing people with as much stuff as they need. And the other thing is we talk about shelters, I was looking at the pictures. Were those accessible shelters? Were they just for accessible people? Or were they mixed? Were they mixed with, you know, both -- for both.

And so if they -- even if they are -- and then you have, like, a population count. Do we know, like, per city how many people with disabilities is in this area so we can have --

>> Robert Blumenfeld: People have to self-disclose and there's no reason for them to self-disclose if they're not going to be -- if it's something that you feel you need to self-disclose, that's something else. But there's no -- there's no incentive to do so, if it's going to be negative. When ages ago, back in 2003, I actually asked the City of Seattle what their doing for people with disabilities and so on. And I asked the fire department and then I did a CD from the police department and they located adult family homes, support homes, all that kind of stuff and said this is for people with

disabilities. I said that's baloney because they're scattered all over, what are you going to do? They said at that time well, we'll think of something. It was 180 pages on a CD. It took me 150 pages through that -- I'm one of those people -- to actually get the information.

Well, that's 11 years ago. So obviously it's gotten a lot better but that was the whole point is trying to do that. Trying to find out what was going on, et cetera, et cetera. And it just takes time for people to work things through and to realize like Richard was explaining, that we're all out there. We could be anywhere. We're not going to be at home. We could be at work or school or playing. We're going to be wherever. We'll be on the roads. Metro busses whether there's money or not.

>> It won't be perfect but we can do the best we can.

>> ROBERT BLUMENFELD: You do the best you can with the area you happen to be in. Back in '03 a variety of entities, emergency managers and so on got together and they were going to do an emergency prep fair for the county. But they located it in Seattle. It was of for people of color and people with disabilities. They are Red Cross, Salvation Army, King County emergency management, FEMA and a couple others and so on. They can't bother inviting anybody from the disability community because they didn't know who to ask. So I came along and gave them a short course of everything they needed to know. Yeah. A lot of it was what we're talking about in terms of all this stuff that is going in and out all these years later in terms of how do you respond to that because people are going to be all over the place. How are you going to respond to that? The answer was basically we're here to learn because we don't know. We know what we're supposed to do as first responders and the infrastructure. We don't know how everybody else is going to do. Back then it was a few days.

>> Thornton: What do you think the change has been for 11 years, again, knowing where my agency was and how we were planning on ourselves, we don't really know the answer to your question about how does the government piece fit in? What can we expect? You have -- you're looking at emergency planners, there's FEMA, there's King County and all those other planners, they look at those three days.

What could be as a community legitimately expect to happen from those players who know something?

>> DEBORAH WITMER: That's why they're sitting at the table. Tell us.

>> ROBERT BLUMENFELD: That's the whole idea. I've been on the court council since 2005 and one of the things we did long ago is we got a grant for county emergency management and had these nice little books that the state put out on readiness and so on. We got 30,000 of them and we sent them postal to every resident with a little information so everybody could at least get the word out and stuff like that.

We have no idea how many people actually kept the things let alone did anything with them. Because the practicality is at least you get them out there and do something. But it was basically something that they had to do at the time because they literally didn't have that -- first responders had their thing and the rest of us was sort of like okay, now what? So it's a lot of us telling them what our needs are for that

to come out. This vulnerable population didn't really exist as far as I know with public health. A lot of this other stuff didn't necessarily exist. But it does exist now.

So you really need to do like he said in the keynote of just getting involved with everybody individually and saying these are our concerns, how are you going to do this? There's a thing out there called CERT Community Emergency Response Team. But there's also a piece for first responders that if your house is burning, firemen in a disaster are not coming to your house, they're going to where the greatest people can be served. So you still have to do the things you need to do. Power's out. It's not just medicine. You need equipment that runs on power. Did you remember to get extra gasoline or propane or whatever else. You can see a storm coming. We're all great procrastinators, so we know what that means.

>> DEBORAH WITMER: So let's turn this over to the emergency folks, tell us what are you expecting?

>> SHERI BADGER: With Pierce County Emergency Management. We've been trying over the past six years to get your agencies prepared ahead of time so you and your clients can be as prepared as possible because when it comes time for us to respond to emergencies we do what's called prioritization because we cannot get to everyone at the same time. So what we have to prioritize is based on life safety and management and property protection. So based on all the information that's coming in from across the county and who is in need of something, if you're in need of extra blankets, can you guess where you're going to be on the list? If you've got 10 people with no food and you're getting ready to starve -- are getting ready to starve but there's 20 people down the road who have no food and are getting ready to starve, can you guess where we're going to go first? So you have to understand that we're going to get to you. But at -- when we can based on the prioritization. So we would love to be able to help everyone that needs to be helped, but we just don't have the resources to do it. I come from an agency who is probably the second largest in the state and we have 35 people and there's no way that we can respond to 800,000 people in Pierce County and be there and do what they need to do. So we inform people to prepare ahead of time to make sure that -- and this is what I do, I tell everyone we want your agency prepared to the best of its capability, not just drop cover and hold. But then thinking about then what? What happens -- what are your responsibilities to your clients during disaster, what are your responsibilities to clients after disaster? We also talk about disaster preparedness. Personal disaster preparedness for staff. Because if your staff is not prepared, they're A, not coming to work to care for your clients or B, they're going home right away to take care of their family.

And then third is talking care of -- I'm sorry, is preparing clients to the best of their capabilities. Because we have found if you can prepare clients, they can become an asset rather than a victim or a detriment to the response.

And I've had some wonderful opportunities. I've worked with people who are experiencing homelessness and actually taught them -- Red Cross worked with us to do an overview of emergency preparedness and CPR and first aid. Two hour class. And we sat down 14 or 15 of these folks and at the end of the class they were disappointed that they didn't have a card, a CPR card. And they actually had two or three people come up to me and ask if they could volunteer. So these are people that

have nothing and they want to be able to volunteer.

So what a great resource that -- great resource that they're going to be during a disaster for their own communities.

So we have to think that way. That we can make sure that every one that we work with to the best of their ability can be prepared ahead of time.

>> DEBORAH WITMER: So on this day forward on this break and as we look ahead, what are you doing?

>> SHERI BADGER: We're looking at the largest number of people and what needs to happen. We're looking at the priorities that life safety. And in this incident or that we had four or five years ago with the snow, looking at essential services that needs to be provided by the community such as hospitals, other care facilities. How we get doctors and nurses to the facilities so they can take care of who they need to take care of. As far as transportation goes, we work with our four-by-four search and rescue team volunteers to try to make that happen. So you can bet that if you need to get food to your place, we're looking at making sure doctors can get to hospitals first. So what I tell folks that I work with and a lot of the different community-based organizations that if you want to gamble and ask us for stuff, you can do that but it's way worth preparing yourself and your own agencies ahead of time.

Because we're just not going to be able to get to everyone who needs help. And I really hate to be that blunt but --

>> That's reality.

>> DEBORAH WITMER: That they all need to hear, yeah.

>> One thing to answer in part his question is if you're dealing with a state agency, I don't remember how many years ago it was, but there was a continuity of government mandated so that every agency has to have an emergency kind of management document. And in that document it's supposed to outline who people are to contact and kind of how your agency in particular is going to get back up and running after a major disaster. So, if you're in to self-abuse, you might -- you can request, you know, as public information so you can request that document from any agency and no guarantees on, you know, being able to stay awake when you read it but that should give you information on what to expect from a state agency if you're dealing with them on a regular basis.

>> DEBORAH WITMER: I'm going to do a little summary because I knew we weren't going to come to answers but we've identified a real gap. So in an extended event that lasts more than 3 or four days especially we're looking to coming up to another event right after it in today's scenarios, we have several things on the ground for people sheltering in place. They may not have enough food or medicine. They may have other needs in their household like personal care services that have not been met and we don't know how they're going to be met. And I'm seeing a lot of nodding heads and I think talking with as many social services agencies as I do, this is huge, this is a big one that they haven't figured out yet. It's complicated by things like King County having to reduce its snow removal policy to only doing 10% of the roads. And what's that going to do.

So we have a huge gap here. And sitting around the table are some of the people that with more time and more focus could start to look at solving that gap. And that's something you guys need to think about doing. You need to start looking around the

room and saying okay, she's the person in my area that I need to sit down and have some conversation with and at least figure out what are our options. Or I'm a care provider and I need to sit down with Meals on Wheels over here and figure out are they going to be able to deliver food to us and how can we help to make that happen? It's a huge gap and something with all the people in the room we could solve it. We don't have time today to sit and solve it but with we can start identifying those relationships where you can start talking to people. This is a definite need we're going to have.

And we talked a little bit about emergency shelters, I want to make sure we have a chance to talk about accessible shelters and I want to make sure it's really clear to everybody that all general population shelters need to be accessible.

There's no ifs, ands, or buts around that. That can pose quite a bit of significant barriers for the churches or older community centers, talk about older buildings, older schools. So let's talk a little bit about sheltering and what that's going to look like. We're assuming within this scenario that warming shelters and/or emergency shelters are being established. There will be government shelters. ESF6, emergency support function 6 which is Health and Human Services, they'll stand up shelters in cities and counties, Red Cross will show up where they're invited they'll set up shelters, you may have a neighborhood church across the street that might set up shelters. Let's talk about shelters and accessibility. What are some of the challenges you see from your perspective around sheltering?

>> Nor us. It's getting people there. Many of our students at the training center may be newly blind, so their travel skills don't exist yet. So getting people to the shelter and knowing where they're at is probably our biggest challenge right now?

>> DEBORAH WITMER: So when you get in your groups around communication and around transportation, you can drill down into that specific issue around sheltering. Once you finally get them there, what are our challenges?

>> Personal care.

>> DEBORAH WITMER: Say a little more about that.

>> Having enough people to support that. You know, we have personal care staff. But, if -- depending on an event, I think of, you know, many people in one place or in several places. And we only have maybe one or two staff during the day or -- you know, so that transferring personal care, all those kinds of things, feeding, those are concerns that come up.

>> Some of the people with disabilities that can be dramatic for them. I've seen them run around. They're going to be doing their thing and so how do you -- and this ain't just one or two but staff we're talking about a bunch of people that can be running around just like that with chaos. And so I want everybody to be really, really realistic about what it looks like and the disability community it's one thing to have physical disabilities. But when your disabilities extend beyond physical, where it's mental and behavioral, what does that look like in a shelter? Where are we going to set them up? Because you can't just leave them? They're going to run around and doing their thing. They're going to be knocking over equipment, pulling out IVs, my daughter does that. She don't know any better, she'll think it's a toy and run somewhere and snap somebody. So what do you do when people with disabilities act like that?

If the community does not get more involved in a natural disaster, it's still going to



be a disaster in the disability field if you just absolutely cannot get around it. Families with the person with the disability live at home with the person, maybe two or three people in the house caring for one person, that's one thing. But then you have group homes and assisted living facilities where they're outnumbered so you have to think about a lot of outnumbered people even in a sheltered situation. So how are you really going to handle that. In the end, when you look at how do you -- how are you going to look at who's most vulnerable? What does that look like? Is there a list we have? Who we're going to go after first? How does that list look? Do we know who comes first and why do they come first? Without understanding that, you need to be able to explain my child is 12 years old.

Well, this person over here understanding that maybe this person with a disability or just sickness, could be an elderly person, they need more heat than somebody else? Are we prepared to explain over here why they over here need this? I mean, you never know what it's going to look like. We are human. We do know that we do fall apart in disaster. We need to take all that into consideration. And that's why I was asking about the accessibility shelters where everybody is being moved together in one or will it be separated in some kind of way. Because I know my daughter doesn't sleep at night. When we're in a shelter, she's just going to be running around the whole time. How many other kids are going to be in there running around. I'm not the only one, right Linda.

>> Yeah.

>> Back over there.

So that's why I think it's important as agencies we can't just put it just on them because they're outnumbered by the population, there's not enough of them. You need probably more volunteers, more first response people working with them even as volunteers. And so as agencies we all have a job to do within our own agency. I think the agency I'm working with probably not doing the best we can. I'm going to super that's happening and some other agencies. We really need to get involved as agencies to involve the other people we're working with like me I work with families who work with their family and from listening to this, I'm definitely going to have several gathering and conversations about being prepared because they're going to be their own best help. And then whatever comes second is secondary help to them as opposed to first response.

Well, first response needs to be your initial awareness of being prepared and then everything else comes second.

>> DEBORAH WITMER: She's made a really good point that I want to make sure we capture and I hadn't really heard it that way before. That social service providers will have a role to play even within shelters. Even personally, I've always thought of them as definitely having a role to play in sheltering in place situations.

But I'm hearing clearly from you that they also have a role to play within shelters and I'm not sure that's really something that has been talked about with shelter providers.

>> SHERI BADGER: So I wanted to talk about a program that Richard actually was talking a little bit about and that's FAST. Functional Assessment Service Teams. These are teams of social service providers from a variety of different disciplines that go into shelters and do assessments on the folks in the shelter for accommodation

needs. I went down to California to attend this training three years ago and decided this was something we need to do in Pierce County, actually, Washington State. We've now started a program like this and we're actually getting ready to do a training in a couple weeks we've got a team of about 20 folks. Part of this came out in fact that before I worked for emergency management. I worked for Pierce County human services and during the Nisqually earthquake, I got into a door frame and then after the earthquake happened, went home because there was no -- nothing for human service providers to do at that point. Yet here we are wanting to help people. That's why we get into this work. What better way to do than to start asking these folks to start assisting us where they need to be and where their expertise is. So these teams actually would go into shelters and not only assess those folks that have self-identified but be able to look at folks and see if there's any needs that aren't quite obvious at that point or someone doesn't want to come forward or talk to or ask about. So really looking forward to being deployed for the first time. We've been doing this for training for two years to do this. I know this is something they've talked about expanding into King County and Snohomish County as well. So looking forward to something like that.

>> Ask a question on that. So we said they go in to assess the clients eight needs and then what?

>> SHERI BADGER: Oh, then they leave.

(Laughter)

Actually, they work closely with the shelter managers and also with the emergency operations centers. So in this whole process of training up these social service folks, we also train emergency operations folks to understand to understand what the resources are out there. The social services folks also come with their own resources. So we might need an ASL interpreter.

Well, the person who works closely with the deaf and hard of hearing have four interpreters they work with so they'll assist with their request to the EOC and say you can call this person because we either contacted them beforehand, I worked with them, they're fantastic or we need to put together a contract ahead of time. Or for instance, medical supplies. We work all the time with ABC ambulance company or ABC medical services. So, if you talk to Chuck he's there and he'll come in, here's his after hours number and he'll come and get you the stuff you need. So it's having those resources, not only the expertise of the social service folks but also their resources that come through them.

>> So is that something that the team can help with? And I apologize, I don't know your name. Is that something that your team can help with?

>> SHERI BADGER: Yes. For example, one of the things that might have come out of the team going to the shelter and seeing Mia daughter and saying okay, is there -- what are the needs of your daughter? So she's -- she can feel more comfortable here? And perhaps it's not even keeping her there. Maybe it's saying okay, putting her in a hotel room and helping her find a hotel room so she can be quieted down. I was doing a presentation to the Washington autistic society or -- I forget the name.

>> Autism Society of Washington.

>> SHERI BADGER: Yes, thank you. And thinking about all of these things ahead of time, there's the children on the spectrum that some would be okay maybe in

a shelter but certainly some that are not. But I think, too, looking at the preparedness, I have a coworker who has a child on the spectrum and he said that his plan, he they have a camper trailer.

So, if something happens they have to evacuate, this child is very familiar with the camper trailer, that's how they're going to evacuate and where they're going to stay. So it's to be able to do some creative thinking ahead of time so you don't have to rely on the shelter but we want to be their backup so, if something happens and you do have to come to a shelter that we have some resources that we can come bring to bear to make sure that everyone can come to a general population shelter except those who have high acuity medical needs.

>> Sheri, you used an acronym, EOC. Can you explain what that means to everybody.

>> SHERI BADGER: Sorry, emergency operations center.

>> And can you tell us what that is

>> SHERI BADGER: That's where all the magic happens. So our emergency operations center. And most jurisdictions have a center or an office or a room where everyone comes together to pull information in about the disaster or emergency and a way to coordinate with other people and get information out as well as decide on logistics, operations planning for future cycles. So -- yes.

>> I had a question about I service dog. If I were to shelter in place I can stock pile food but who is the person I would approach to talk about food in the shelter.

>> SHERI BADGER: Actually, it was 2006 and there was -- called the pets act. The PETS -- pet evacuation and transportation. Anyways, it's short for something. (Laughter)

Basically, it came out of Katrina. And this is a federal governmental declaration basically saying if you offer shelters, you also need to offer shelters for pets. So I know this is a little different than service animals, but what that means is if it's a community shelter, they will have supplies there for pets. Which means they should have supplies there for your service animals.

>> Thornton: Piggybacking on that. You have 35 people in your agency, 800,000 people in Pierce County. X-number of shelters. Alex has made his way to a shelter, he's got his service dog. This other woman freaks out about dogs and other people are allergic to dogs, your daughter is running around in a different shelter, screaming and pulling out everybody's IVs. You have three days probably no phone service because -- what -- how realistic -- I mean you have all these resources that you're saying you can bring to bear, how -- obviously a lot of it is planning ahead of time. That's one of the things that everybody is saying, but you're going to have these kinds of situations.

>> SHERI BADGER: We may be able to assess for accommodation needs and we may be able to order the wheelchair but there's nothing saying the wheelchair is going to be getting there in two or three days but at least we're in the process of trying to get that stuff to you.

And the other thing is I was talking about these FAST teams and even though I assist in putting them together and training them, I am not part of it because I have too many other things to be doing if a disaster hits. So working with those folks in the community that don't have a job to do during disaster would like to help somehow. So

bringing that whole community together and knowing that it's not -- the government cannot respond to everyone. And unfortunately, I think for a while there that's been the impression is that we're going to come in and save the day and we can't do that. So we need everyone that's going to be affected by the disaster to be able to step up and be part of the answer and be part of the recovery and response.

>> Ann kept di: First responders also need to mention that they're not saving anybody. I think the other thing that people need to realize is first responders are not going to be saving everybody. They can't get to everybody. And a lot of people think O I'll call 911 and they'll show up. That's not going to happen. You need to make sure that your people understand that. We're in Medicaid transportation and so we coordinate with 911 a lot of times first responders, we do a lot of work when the down in Lewis county when the floods happened and took out I-5. We have clients -- and Bill maybe will remember this. We have clients with dialysis and chemo that are considered life sustaining and it isn't going to be the first responders who are going to go get them. We are going to go get them. We have people out in the sticks and we were taking logging roads. Worksheet go get them, get them out, get them to their critical medical services but then we didn't take them back home. We had to take them to a shelter or someplace else where they could stay safe because they were going to have to go back every day or two to have dialysis or treatment or whatever they needed. What we found is that most of our clients believed that 911 is going to save them. That's a huge, huge fallacy and many people didn't know that.

>> DEBORAH WITMER: That's true. We have a lot of people who haven't had a chance to contribute. I know you're just getting into this whole thing and luckily, you're going to have lots of time today to really delve into this but something people need to say any questions that come up or a gap that you have no idea what you're going to do?

>> What is the source of the FAST teams? Where does the functional assessment service team come from?

>> SHERI BADGER: Emergency Operations Center. Actual.

Actually, when we first developed it we wanted to house it with community connections or human services department. That just didn't work out so it's under emergency management.

>> Is there a Web site or place --

>> SHERI BADGER: We do!

>> Thornton: It's almost like you're paid.

(Laughter)

>> SHERI BADGER: If you go to our Pierce County Web site, [www.piercecounty.wa.org](http://www.piercecounty.wa.org) and then just do back slash FAST.

>> DEBORAH WITMER: If you're not in Pierce County, I wholeheartedly you advocate with your jurisdiction to get this program if they don't have it already. Pressure from below will help to make this happen.

>> We don't have one in King County

>> Not yet.

>>

>> SHERI BADGER: Even if you're in King County, you can sign up for the

Pierce County FAST and to take the class. You can take the class and decide you don't want to be part of the team or when FAST does come to King County you'll all be trained up and ready to be part of it.

>> DEBORAH WITMER: Anything else.

>> Do you have a kind of train the trainer segment with us so that they can bring it to a different county

>> SHERI BADGER: Actually, we are trying to do that. We took the California model and then kind of Washingtonian'd it. And specifically Pierce Countyified it. But we did it with the whole state in mind. We've gone to Clallam County and Kitsap County has done the same thing. Something we certainly would love to spread around.

>> So in the interest -- I'm from the American Red Cross, so, if you want to go to your local Red Cross chapter and knock on their door and tell them you'd like to talk to their sheltering trainers, that would be great too, they would love to hear from you as well

>> DEBORAH WITMER: This you go. Another awesome resource. Yeah.

>> DEBORAH WITMER: In the interest of keeping us on time. This session is now ending. We have about a 10-minute break but you're all coming back into that room and talking about another subject and getting to know each other a little more. Spend a couple minutes getting to know each other in this 10 minutes. Get something to drink and come back I have to admit I don't know what your next subject is but it doesn't matter. It will build on it and give us a chance to get deeper in the woods. Thank you. It's been a good discussion. Let's get involved in some of these processes.

You have transportation next, awesome. You have lots to talk about with transportation.

(A break was taken.)

\*\* Transportation \*\*

>> We are really talking about the scenario where access is probably also very limited in this kind of a mode, King County would probably be what we call our emergency services network so we've probably drawn down to a point where we're only providing services we know we can provide because the roads to those municipalities have been plowed and we -- those are services that we're guiding people towards for access we're probably talking about sustaining medical. So we are also having to prioritize where we can go, what drivers we can get into the system, they're also taking care of their families and some of them are stuck at home. So the scenario from a transportation point is our resources are limited and what I'll be interested in hearing from you are some of the ways that we can tap into what your needs are and what your own resources are.

>> John.

>> Hi, I'm John Morrison Winters. I'll be your note taker today. So I work with the King County Mobility Coalition, which is a group of transportation providers and others who are interested in transportation, particularly issues of accessibility and improving mobility and I'm the mobility manager for King County and my position is housed at

HopeLink which is a human service organization agency and transportation agency. Thanks.

>> And my name is Danielle Bailey am a FEMA region 10 disability integration specialist and my primary role is to ensure the accessibility of FEMA. So FEMA, where they're delivered, how they're delivered. Effective communication, physical access and more steady state. I work with community-based organizations, disability agencies and so forth and try to build those partnerships with emergency management. So I just -- I know you guys have already introduced yourselves. But can we just kind of go, raise your hand if you're representing a disability agency, disability advocate, community-based organization? And then emergency management? Okay. And then maybe just like self-advocate. Not with an agency? Okay.

So based on our scenario, again, people are stuck in their homes, they haven't been out for Ford days. Roads are not passable. What, from a disability perspective, do you think are some of the primary concerns if you're representing the disability community and maybe some potential resources that you could address for transportation and then from the emergency management side what are the most critical concerns at that point in regards to transportation and maybe resources at that point? What's the biggest need if you're a person with a disability or disability agency, what are your most critical concerns when an event like this happens? And what are some maybe resources if you have some?

>> I work with northwest kidney centers to do dialysis, we have 15 centers around King County and the vast majority of our patients need to come to dialysis three times a week to stay alive we've worked with John at Metro and we work with Access and HopeLink, otherwise people get to and from dialysis on their own in their cars. And so one of the things that's really difficult for us, we've had minor practice with this in past storms, is being able to get to people from their home to a treatment that is life sustaining and then hopefully get -- so that's really the big issue for us. And we can flex what people's normal treatment schedule is. We can make them shorter. We can string the time out in between. But people need to get dialysis.

And so getting to and from locations is important for us.

>> John: So you've talked about some adaptations you've made to maybe shorter dialyzing time or spreading it out to what extent you can. What are some of the other transportation innovations you've made during the storms to be able to get people in.

>> I'm not sure we've come up with any effective innovations. I mean, we do coordinate with -- as I said, with Access. And emergent situations they'll transport people who aren't signed up for access. So that's helpful. There may be a situation where somebody goes from one center ordinarily but we just get them to any center, we'll figure it out at that point.

HopeLink generally is very helpful as far as prioritizing our clients. Again, getting them to and from treatments. But as you can imagine, one of the things that happens is the major portion of the transportation through HopeLink is with taxis and taxis tend to be off the roads and less reliable during major events. So you're more restricted to van services and things like that.

>> John: Ann anything you want to add.

>> Ann Kennedy: Like HopeLink, paratransit services during emergencies we focus on life sustaining trips. Dialysis is obviously a number one priority and then we have chemotherapy. A lot of people don't know but OST or opium substitute treatment is also considered life sustaining because if people do not get their treatment, they get very, very sick. So they also are part of the life sustaining group. We've done a little -- things a little different. We have subcontractors, we have no vehicles of our own. But we also require that all of our subcontractors have an emergency plan. We need to know the plan. We do have some providers that won't operate in snow. They just won't. The liability is too high. Some won't do this. We have several, like, Mount Rainier, if the volcano goes, they're not necessarily going to be available to us. But knowing who is available to us and then since we serve nine counties, I'm able to pull vehicles from different counties to serve different areas. So, if I'm unable to give get my Pierce County operators to operate, I can pull from Thurston County, or Kitsap County, we also have coordinated with HopeLink if they aren't able to get their vehicles or providers going, primarily south King County we could pull from Pierce County to serve that area. So we're able to coordinate to serve clients the best we can.

We've also in more rural areas like Hood Canal we serve peninsula. Say they're having to go from Port Angeles to Kitsap County for services. Hood Canal is closed. We how's them to make sure they're safe. So we combine a lot of different services to make sure their clients are safe during emergency.

>> Thornton: Well I'm just curious, on the scenario, where, you know, it's been snowing for four days and you've got 20 inches of snow, you know, in King County they've only plowed X-number of roads, but for the agency I work with, the houses are throughout the Puget Sound area. They're in communities. They're not on the main arterials. So how -- what's even -- you're going to direct people to certain place where the busses or the Access links or those places or vehicles can get people. But we can't get a person in a wheelchair to that spot from a community house. You're stuck. But they need medical attention. I don't even know what the solution is for something like that.

>> John: We're not the experts.

>> Thornton: You're there. You're standing.

>> Is there anybody from emergency management or anybody who has experience with evacuation transportation in these type of situations.

>> Ann Kennedy: Sorry, I guess I'm not loud enough. But it's not required but we found situations where the drivers during snow events carry shovels and they're shovel a door-to-door service. And they'll shove a walkway to get the clients from their home to the vehicle. In a wheelchair we have the lift vehicles. We also send out two drivers, because it's not going to be as easy to travel the distance. And we've tried a lot of innovative ways to safely get people to their appointments. But again, you're looking at life sustaining. So all other points would be cancelled at that point.

>> John: I would say what is the problem you're trying to solve. So one is getting the person out of the house. But what can you bring to the house? What kind of suction would you have.

>> NEA: I had to keep reading this over and over. Four days, temperatures drop. Do I really want to leave my house? What could I do to just stay at home in the

privacy of my own house because I have a child with a disability. So what is the shelter going to provide that I can't get at home. Am I in need of food, heat, is there a way heat can be brought in? Is there a way I could get -- why would I go across country to get to a shelter and I live across the street from Wal-Mart. I can't get no food from right there. Is it closed? Is nobody out there operating it? Is nobody at the super Wal-Mart. Wal-Mart has a lot of supplies and target. They have grocery stores and regular stores, is anybody working with them to help so, if people don't want to go across country to a shelter? I don't want to get on a snow bus and drive and live with other people. So like you said, what are our alternatives to getting some of the services to the homes so that everybody -- the only other thing is what you said about people having medical appointments. Are people really going to be keeping medical appointments during a 4-day storm?

>> We drive.

>> We try to do it. How do we determine how important is that appointment? Is it a life threatening appointment? Can you make it without it? We have delivery were they deliver medications to the home in I'm if there's medicine, can it come up some to be delivered. Anything we can do to keep people in their homes and not as -- and so that -- if transportation should be like the last case scenario, if people absolutely cannot stay on their own, they're fearful of their lives or something, they need to be around people. Sometimes people want to be around a bunch of people. Sometimes people like me, they don't. So are there alternatives.

>> John: Are there alternatives with getting services to, to minimize the need on transportation? What other ideas not everybody lives next door to Wal-Mart. In the back?

>> Linda: I think some of this is about doing disaster preparedness in communities and neighborhoods. They're probably already doing that but I'm thinking about the lady who lives up the street from me who has mental health issues and is isolated and cranks at everybody in the neighborhood but she's going to need support and maybe I need her support during a disaster. So what kind of team building happens in communities to help people if they need to shelter in place.

>> John: So some of you I think represent human services. So an individual who is out in their homes, what can you be doing to build up that community for your residents to be able to call upon a neighbor or other resources?

>> Mentioned direct support staff. So what I need to do is call my supervisor. That's what I'm required to do. Hopefully have something in place. Still through another agency.

>> Linda: Can you use the mic, please.

>> I'm involved with energy agency because I have to belong to a (indiscernible) In the agency, but I work with people with a mental disability. I was just curious because this is something that hasn't come up with my agency. I've been there for about nine years. To me it's an eye opener because I'll then go bring suggestions to my boss. It's really good for me.

>> I think for us, you know, as I talked about having a facility-based program it's an employment program so we would, before the four days be trying to get people home and out and those kinds of things. But then we also have so many people in the community -- 98% of our people rely on the Access vans so whether they're at



home or at work, that becomes a true concern to get people around. It isn't always life sustaining but, if in fact they're in their home. I think that's the thing. Is that most programs are more and more community-based and in and among our neighborhoods and how do we help our neighbors? So I mean, I -- I don't know that I have a solution to that. But that we're as prepared as possible for our neighbors as well.

>> DANIELLE BAILEY: Can anybody talk to whether -- because there's needs that may -- somebody may have in their home. It could be a medical need or somebody coming to their house to prepare dinner, whatever that looks like or some sort of personal care assistance for that specific day. Does anybody have an experience where maybe a home healthcare provider, a personal care attendant wasn't able to get there and what they did or what is that backup plan? As far as increment weather?

>> Never had to punt before, so -- but you know, you --

>> DANIELLE BAILEY: Did that planning that actions have done, has anybody looked at that a little bit?

>> JOHN ROCHFORD: Thornton, you have staff. You can get into your residential facilities.

>> Thornton: Yeah, we have had situations but not as bad as this scenario. So I mean we've had power outages which is the biggest problem. We tend to focus the training on personal preparedness for the staff. And they all signed an agreement that they know that they're supposed to be there. They can't expect somebody to come and relieve them. So they might be there for a long time. And that's -- you're depending on dedicated staff. And in a situation like this, it goes on for longer, the issue isn't replacing staff. But we have good -- the program managers are good. They get in there four-wheel drive vehicles and try to make it there and bring deliverables. Longer term issues -- you know. fill the gap. I think you -- what we keep hearing is we said it during last session is that preplanning, planning for those worst case scenarios, there still is that dependency on we've done all we can do. When does the government go to come riding in on a big white shining horse and save the day. Other thing they said in the session prior which was interesting was about -- maybe it was the opening session about training. We focus on our staff training but there is that other issue about working with your clients that you're working with and helping do that training to let them be experts along with you. And that's a piece that you've never done before.

>> NEA: One thing I was thinking about look working with this, I work with the ARC of King County, I work with families who take care -- along with myself, taking care of my daughter with a disability, I think sometimes we don't think about the scenarios and we don't know how creative we can be until we're posed with these questions. On top of this paper I put as a gathering topic once I have gatherings where I call the families together once a month and we normally talk about topics about getting resources. Which is getting quite redundant. But I think this is an excellent topic to pose to the families and say okay, imagine this is you. What do you need? Have them write a list and say now that you know what you need, go out and get it. Sometimes you don't know what you need until it actually happens. But you can at least put yourself in a state of mind that this could happen. Normally some of my families are taking care of two kids with disabilities. So what do you need to be

prepared? And if we don't mentally prepare families for this scenario -- for these type of scenarios, this is what they need. This is reality. This could happen. Until the cavalry comes so to speak. 24 hours, because I did this with you, and you were able to arm yourself, how many more days did you save yourself while you're waiting for the cavalry to come. It will be there, just not right away. With all of us working with agencies we need to start thinking about what we're doing with these trainings, what we're doing in this room, it needs to be done in a bigger arena with more people who have -- who care for elderly and people with disabilities and so forth and so on. Ann.

>> Ann Kennedy: John, I have a question for you. I'm aware of a lot of clients. A lot of agencies have emergency plans and in their plan is transit will save the day. And I just wanted to know if you could talk a little bit about reality, about your not going to be able to evacuated everybody and get to everybody. And the fact that most transit systems are the primary transit emergency plans where whether they know it or not.

>> JOHN ROCHFORD: So I think one of the most dramatic examples was a nursing home on the shores of a river that was about to overflow and they needed to be evacuated. It wasn't a terribly large facility. It had maybe 45 residents but since every one of our vehicles could only handle two wheelchairs at a time, we're talking about, you know, now needing 20 vehicles to handle one facility. So I think it's kind of a dramatic way of saying yes, we could make multiple trips. We don't have to do it with only just one vehicle. But this nursing home, its sister agency is 20 miles away. That's where they wanted people transported to. You do the math, you think how long that's going to be. It just says to me that we don't have the resources even a fixed route bus can only handle two wheelchair spots. So you know, when we're evacuating a building that has been under fire and we're trying to get everybody out for smoke and just have a temporary shelter, there are definite limits with what you can do with transportation because you can only house or transport so many people at a time. When it comes to snow, a lot of our employees are taking care of their own families and they have their own issues.

So we've been working on trying to instill lack of a better word more patriotism amongst the drivers and say this is an important thing that you're doing and we hope you will rise to the occasion to get more people in. We use the Access vehicles to go pick up drivers. So we'll have staff go pick up staff to bring them in so they can transport. As Ann said we'll often double team a driver because it gets very tiring if you're going to be shoveling and trying to reach inaccessible places. That can become very difficult. So I think what we're trying to figure out is how to prioritize with our limited resources what we can do. And I think one of the questions I would lob out to the emergency managers is what are the other resources you're trying to develop. People with four-by-fours and clubs and and other resources out there. Sheri. I know you've done a lot of work with pierce. Do you want to talk about some of the efforts you've made to expand your list of resources

>> SHERI BADGER: So at our prior session we talked about the four-by-fours and essential service personnel. Need to get where they get. Just to let you know, we have 12 four-by-four volunteers. So imagine -- we could do more recruiting.

But that's what we're trying to use to get our essential personnel to the hospitals, et cetera

>> Linda: Are you talking about a vehicle or a system?  
>> SHERI BADGER: Sorry, four-by-four vehicle.  
>> Linda: Thank you.  
>> SHERI BADGER: Yeah, they're fun folks who like to go into the mountains and search for folks.

But one of the other things we're doing is coming out of our vulnerable populations planning over the past several years and John is part of this and Ann is part of this. But looking at vulnerable populations transportation planning. And that's a challenge just because transportation in general is a challenge on a daily basis here in the Puget Sound region. So how do you look at vulnerable populations transportation and planning for disaster when we still don't -- at this point, have an evacuation plan for the general population. We decided forget the general population, we're going to focus on the vulnerable population. It's very challenging as you can guess. If it was easy, it would be done by now is kind of the way we look at it.

But we're looking at it from a 3-county region and we're also looking at it per county. So Ann and I are working on the Pierce County and mobility coalition of Pierce County. Jonathan and John are working on the King County side of things. And one of the first things that we're looking at doing is just identifying these resources. So what are the resources? And Richard talked a little bit about it before. Looking at shuttle busses that the airport might have. Looking at shuttle busses that a car dealership might have. So being able to identify vehicles to begin with. We even talk about casinos. Shuttles for casinos and maybe they can be a resource during these times of disaster. But the other thing we need to look at, too, and keep in mind is the drivers. It's pointless to have vehicles if you don't have the drivers for the folks.

So then we get back into talking about what I was discussing earlier, making sure that we have taught personal preparation for the drivers so they're prepared to come to work and take care of the clients that we all are working for.

So that's kind of the first step. And interestingly enough, this hasn't been really done across the country as we're finding and doing the research. So this is kind of new stuff for everyone.

Seems kind of obvious, but it's just been hard work to try to pin down that information.

>> DANIELLE BAILEY: These are two really great practices. I know you had mentioned before that when you were establishing MOUs and that type of thing with different providers, you asked them those questions of whether, if it's snowy out, are you still going to be able to provide this service and what does that look like? These conversations are really important and exactly what Sheri and John had said is creating that need of, like, your job is really important as a transportation provider. And if you're not here, then we have all these resources but nobody's there to drive them. So there's some liability issues in there. And there's just that idea of, like, showing up for work to be there.

Any other best practices? Or anything from the disability community as you see as another need that may come up in a situation like this?

>>

>> ROBERT BLUMENFELD: One of the things that Richard talked about was

school busses yeah. Find a school bus that actually has a lift in it?

I mean, you might have some of the smaller busses that might have that. But the bigger busses are way too far off the ground and are not structured for that. Most school busses are high centered anyway so they're not very good at maneuvering as well. They're talking about hotel shuttles. You going to find the most hotel shuttles by the airport do not have a lift in them. Can't carry a wheelchair and stuff like that. So, if for some reason, or even if you go to the airport and so on, this is from a long time ago. But I had a call from somebody from D.C. that said this person was coming in. He uses a wheelchair. He needed transportation down from Seattle to the airport and could he get a shuttle that has a lift? And at the time the service in the airport did not have a lift. And so he was going to have to figure out his way to get in. It turned out to be assistant secretary of health and human services meeting with the mayor and the Governor and wanting to know -- and I said you know, that might not be a bad idea.

You know? How do you do that?

So I mean, sure, there's a lot of transportation out there. The practicality is going to be is what's the roads like? Where's the drivers? And it's still almost always goes back to it's fine when it's sunny, but -- you know, I don't know if there is -- you can find it because there's something that's only a limited amount of people and limited amount of money

>> JOHN ROCHFORD: I do want to think a little outside the box. One of the things Richard talked about was all the appliances that people might need.

So in addition to their wheelchair they're going to need the hoist to transfer to a bed. Those things. So those kinds of needs getting food, getting medications, getting oxygen, don't require a lift.

You know? And so some of the resources -- four-by-four vehicles again, we could be using pickup trucks to haul those kinds of goods. And I think we make the short circuit to say I need to call paratransit services and Access and HopeLink because they have a lift and one of things we're trying to challenge ourselves to think about is how do we think about other ways to solve that problem?

>> And who is going to be able to -- if we're talking about 20 inches of snow, is that down where Washington doesn't seem -- other places I've lived where they literally issued no travels. They will literally cite you if you're on the road. So you're going to get drivers to come out to assist you and to transport stuff?

>> JOHN ROCHFORD: In our previous group we talked about some of the emergency managers saying I can't get you the ride, but I can get the road to your facility paved or plowed, I keep saying paved. So that's one of the things that we want to coordinate with is saying how do the emergency planners identify those locations, those dialysis, those hospitals, those residential facilities that need priority access so no, we can't get in all the back streets but we can get there. I can remember taking somebody home on a snow night and they lived up the Kent hill and we couldn't get it there but the fire department met us there and took the person the final stretch home. Working together we can sometimes come up with other solutions. Are there other things that that triggers in your mind about other ways to leverage transportation? Beyond just having the lift? You're tired out today.

>> NEA: The reason that we're doing snow, I just moved to this state. So is snow

one of our most emergency evacuation things we do in this state.

>> Thornton: It just freaks us out.

(Talking simultaneously.)?

>> JOHN ROCHFORD: With all the hills we have, even a little snow paralyzes us because people aren't used to it and they don't have the proper equipment or the skills to drive in it which our Access drivers don't either. But Debbie?

>> Debbie: It gives me -- I appreciate this conversation because it gives me ideas to add to our plan. And that we have employees with four-by-four vehicles and if you just engage that prior and be prepared, we can provide more than we do. We have one accessible van but I know it won't go on the snow. It's a caravan. So -- anyway. But thank you for the ideas.

>> Ann Kennedy: We do one thing in our staff. When we're preparing with our staff for inclement weather because there's snow, we send a survey through I need to know who knows how to drive in snow and ice. There are several who do but a lot who don't. Who knows how to. Do you live on a hill? I expect them to come to work. What is your plan? If you can't drive because you're scared for the first snowflake person who freaks out. But, if you can't drive, what is your plan to get to work? And if your plan is the transit, okay. Is the transit going to run? Where is the nearest emergency stuff?

So I expect them to do all this planning in September to prepare for what are we going to do all winter long. And if they say I can't. I'm not going to do it. We live throughout Kitsap County, we'll go get them. They hate it but we'll go get them and bring them in to work. We do plan that way to make sure we have enough staff to do the job we need to do.

>> JOHN ROCHFORD: Transporting your own staff gives them insight into how you schedule. They think they come to appreciate how long sometimes we route our customers.

Realize 2 1/2 hour drive to get in. That is true.

Anything else you want to add? Sir?

>> I just -- I'm curious, I think somebody said earlier that there's -- if there's like a big snow event, 10% of King County roads are plowed?

>> JOHN ROCHFORD: I think that's -- don't quote me but I would say that's not unrealistic.

>> I'm just curious have they ever thought about how to expand that number like maybe doing Memorandum of Understanding with construction companies, people that have backhoes and loaders sitting around?

>> JOHN ROCHFORD: What I can tell you is that within King County we have 38 different cities. And so in order to have a bus route that is going to be reliable, it often will go through the cities of Seatac and Des Moines and Burien and on its way to Federal Way.

So in order to get reliability, you have to have memorandums of agreement with each of those municipalities that they're going to keep the packed highway clear. And one weak link can muck that up.

So the first priority has been to identify those essential service networks and to make sure that all of the players that are along that corridor are playing.

And are going to work together.

I think your next question is about, you know, increasing the capacity. And for example, we bought plows that we can put on the front of pickup trucks just to be able to get our Access bases clear. So I think as weather patterns change, there may be something we review more frequently.

But to your question about why do we choose snow, it was just to give you some context. We could have chosen an earthquake but that kind of paralyzes all of us to hey so you would I do anything. But snow is a good first step to say we do experience that. We have experienced things that are not a snap but you know, an enduring kind of condition for freezing conditions for weeks. So we think that gets everybody into the right mindset of what we're going to face. John, do you have any comments for us?

>> I don't know, I've been listening intently. I think -- I mean, the coordination piece is huge. I know that gets repeated a lot. But, like, I just think there is you know, transportation providers who are out there doing their thing on a day-to-day basis that don't necessarily have good plans in place. And then there's emergency managers who don't know what the resources are and what the capabilities are. So that's some of the work that Sheri was talking about we're trying to bridge that gap a little bit. And it's -- you know, it's there's sort of a long road ahead there. But having the conversations is step one. And then you know, you can't really leave this there. You have to establish those -- a little bit more formal arrangements, too, so we know who we can rely on when these things come up. So we heard about some actually I think it was someone perfect pro from PROVAIL talked about they have an MOU with a pharmacy so that's a good example of someone needing to get medical supplies whether they're sheltering in place or they need to go somewhere to get supplies. That's something that -- other agencies might not think about that but that's an example of an agreement that's been put in place and formalized in an MOU. It doesn't mean an MOU is the be all and end all, it's not going to get you -- especially depending on the severity of the disaster, it's not going to get you everything you need but then you know who to call assuming that the phone lines are open.

>> MOU is a memorandum of agreement -- of understanding. So it's a working relationship that you've tried to pave the way in anticipation of an event.

For example, the nurses home that was almost flooded had an MOU to share the resources and beds with a sister organization some miles away so that they were able to work out those. Ann, have you guys done any work to identify scarce resources you would need to have working in Pierce County needing extra air filters if there's a volcanic eruption or having gas supplies or those kinds of things?

>> Ann Kennedy: We have not.

>> JOHN ROCHFORD: That's why I asked you.

>> Ann Kennedy: No, we haven't. That's actually on our to-do. We need to have contracts and agreements with maintenance facilities, not facilities but where we're going to get the resources for the vehicle. And we need an MOU for fuel. I know what the fuel station is but we aren't in it yet. So we need to have that discussion. There's other things like that that we just have started listing that we're going to have to do. Because, you know, unless you're working with emergency management, they don't know who you are and they don't know what your resources are and what you

need. And so for fuel we have to work with them on that and then also just -- you know, plan A, plan B, plan C. If I can't get it in another area, I'm going to have to go to another area and another area. So having redundant systems.

>> JOHN ROCHFORD: Do you have any agreements about radio frequencies, making sure your priority service during --

>> Ann Kennedy: For us we don't have radios, we do everything through phone and through the Internet. So we do have redundancy for our Internet. We also have nine other sites in other states. So in an emergency, we can redirect to any of our other sites. So we've got that in place. We just attended a seminar last week with a FEMA representative on emergency preparedness for transit specific. And we learned a lot there. So what you're asking now is what you brought up and that will be focusing on more intently.

>> JOHN ROCHFORD: Thank you. Sorry to put you on the spot.

>> Ann Kennedy: That's all right.

>> DANIELLE BAILEY: Do you guys specifically from community-based on disability agencies, do you know who or how to get in contact with your local emergency management or do you have relationships kind of with your local entities?

>> ROBERT BLUMENFELD: We do.

>> DANIELLE BAILEY: If so, do you want to talk about have you guys ever talked about transportation, kind of what that looks like, needs? Do you have those open communication channels? Or does anybody want to speak to that in a little bit more detail?

>> ROBERT BLUMENFELD: Alliance of People with disAbilities is the designated Center for Independent Living for King County.

The only problem with that is we serve anybody in King County so everybody is scattered all over King County. That's the same thing for our personnel. All -- we have right now 13 employees and all but one have significant disabilities. So the question is since most live in Seattle, take the bus, which may or may not be running, I live out in Snoqualmie. I'm not even going to presume to get to Bellevue where my office is. So it will be June just being in Snoqualmie and North Bend.

So we've talked about the transportation and so on. But again, it depends on what's going on and where everybody happens to be. Because we don't have a specific clientele, we don't have homes. We don't have -- people are aware of where people are. So it's set up a little bit differently. Yeah, we've had conversation with transportation and a lot of it is still up in the air.

>> DANIELLE BAILEY: Does anybody else have experienced working -- because all disasters happen locally so you're going to start with your local first responders, disaster emergency managers. Do you have ongoing conversations with these folks about the disability community that you're in, how to work together with, what that looks like? Anybody have experience with that?

>> NEA: No, but, if you have information to share. Because in ARC, we work with the disability community and I'm sure in case of disaster, if our phones were still up, and our Internet, they would be calling in and they would be asking us what do we do. And do you have information to share with us that we should tell them what to do? Because we should have that. And all of the staff should know about it. And I'm not -- I know that I don't -- I've been working there three years.

>> DANIELLE BAILEY: I would think one of the primary keys is that it's not just a one time conversation. It's an on going relationship and a building process. And you always tell folks you need to get local. That's where you start. You start at the local level. You know if you're a disability agency, organization, home provider, residential care provider, group home, whatever, you need to make yourselves aware in your community with first responders who are those folks?

Do they know where you're at? Do your neighbors know your plans? Do they know the people you support? If you have a number of folks in your home who may have mobility disability, maybe have an intellectual disability, do those folks know that person? Is that person familiar with those folks? So really, that's kind of that entry. Really, it should start off with just a simple phone call really to kind of begin those conversations, ask them, you know, do you guys do any work with the disability communities or outreach or what does that look like? And if they say no, then that creates a good conversation and a good kickoff or kind of find out you do have CERT teams or whatever those specific teams that look at emergency preparedness or neighborhood NET teams or whatever that looks like in this area. Have you reached out to those entities, because that's where it's going to start

>> I would agree with that point and I would also add on especially being from New Orleans, we're really encouraging long-term care facilities and other people who might need additional needs and any kind of disaster or even just a snowstorm to take the first step, walk down to your local firefighting department and say hi, you know, I have an elderly dad at home. He lives alone. But, if there's snow or if there's some big disaster, know that he's there and it's continuing to develop on that relationship throughout the year, not just a one time thing. I know we've encouraged long-term care facilities to do that with police departments, fire departments, also with emergency managers. And then I know also we've been trying to -- with other communities who might have literacy or English proficiently concerns to also make those outreach efforts or if there's certain organizations that they're more comfortable with or is traditionally active within their own community, to have them be a point person to go and do that outreach with those responding agencies or emergency management coordination centers on their own.

And I know that's a lot of responsibility on the individual probably more so. But it's something that has -- that we've seen work you know throughout -- not only here in the U.S. but also abroad and having that community centered kind of focus. Even just -- I know we've talked about CERT, Community Emergency Response Teams or NETs, Neighborhood Emergency Teams, that have programs calling out their neighborhood. Billy is at 80, he might need extra help. Or I know from my family, my brother is on the autism spectrum. So, if something happens, I know that my mom would need somebody given a little more help so it's going ahead and just making sure you know the resources in your own local community. I think that's a great step in the right direction. Doesn't solve everything, but --

>> JOHN ROCHFORD: Do any of the other community-based organizations make out reaches to their local emergency managers?

>> Debbie: We have a member of our board is -- with Kent regional fire district and so trying to stay connected that way. But you know, we can do a lot more. I mean, the conversations need to be ongoing and I can't just rely on one. So yeah. I



-- thank you for those --

>> JOHN ROCHFORD: I think that's one of our goals today is for you guys to start making a personal connection with people who are your emergency managers in your community. So get out your business cards and be exchanging information.

Because these are the people that in a disaster, it's the relationship that's going to be most important. And so you want to be on a first name basis. You want to be able to say hey, remember me? And that's what we're hoping we can do by mixing you up with, you know, community-based organizations, people with disabilities, people who are emergency managers, trying to figure out how to make those relationships today. So I appreciate everybody being here. I think we have to clear this room because I think this is also lunch. So we have to get these tables back.

>> Ann Kennedy: Just a couple resources, the.

The Department of Transportation on the ACT Web site has a list of community transportation, has transit and all the statewide transportation, you can look at it by county and you can see some of the community transportation providers that are available to you. You might want to reach out to them and see if you would have an agreement with them to assist you in an emergency. Also Department of Health has a matrix, it's meant mainly for planning but it will list all the EMS vehicles available in your region or county group. The Medicaid brokers and also school busses. And so it's a -- that's intended for planning, not to start calling out people. But, if an emergency is declared, then that would become part of those resources. But just ideas for you guys to look at to reach out to other people.

>> JOHN ROCHFORD: Closing remarks?

>> DANIELLE BAILEY: I just kind of want to reiterate what people said. And it's really again about the community partnership building, having those conversations in advance to really get out there and know what is available.

You know, we talked about somebody in your neighborhood might have a four-by-four truck or somebody may have a snow plow. You know, or something to shovel a walkway, snow blower, those type of things. So really know what's in your neighborhood. What resources they have. And again, have those conversations early, get to know your emergency management first responders. And what resources are in your community.

>> JOHN ROCHFORD: Thank you. Appreciate it.

(Applause)

>> DANIELLE BAILEY: Break for lunch.

(A break was taken.)

\*\* COMMUNICATION \*\*

>> Hi, everyone. I hope you enjoyed lunch. We'll be setting up this room to set up our final two breakout sessions. If you're still eating, feel free to do so or take your plate out in the hallway. Just to give you a heads up. Thank you.

>> MICHAEL RICHARDSON: We're going to get started in just a second here. Okay, we'll get started. We're behind schedule. Okay.

Let's go ahead and begin. This is the communications session of the cohort group. And we are focused on individuals with disabilities who may have their communication process impacted due to their disabilities. So we're looking at people with hearing loss, vision loss, those with intellectual disabilities, those with other disabilities. I'm Michael Richardson, director of the Northwest ADA Center up in Mountlake Terrace, Washington. We provide consultation, training, workshops on Americans with Disabilities Act throughout Alaska, Oregon, Idaho, and Washington.

And I turn it over to my colleague here.

>> ARIELE BELO: Hello, I'm Ariele Belo and I'm the director of hard and hearing services with the hearing speech and deafness center. We serve 13 counties in Western Washington. We provide deaf and hard of hearing services, training, case management, advocacy. We also have an educational emergency program where we provide trainings to 911 centers all over the State of Washington.

We train them to respond to deaf and hard of hearing calls specifically on the TTY.

All right. Thank you and welcome.

So, okay.

We're focused on this session, the focus is communication. We've heard from several cohorts this morning. As you know, the scenario is snow. And ice.

What kind of communication what kind of resources are out there. What kind of collaborating agencies. If power is out, what do you do to get effective communication out. So who would like to start the discussion.

>> MICHAEL RICHARDSON: I'll speak louder. Can you hear me okay out there. Just raise your hand if you don't. Some of the issues and the key things we heard this morning, we were trying to keep things on track and just -- sort of kind of went off had a little tangent sometimes about communication in general. How we're communicating emergency messages. The focus is on how you communicate the specific disability in which communication may be impacted. So outside we're accepting a message. How are you sending that message to those who possibly can't hear or can't see or what not.

So and the idea is to share your experiences. Where you feel the gaps are and what's possibly working. And what kind of partnerships you might be looking for by hearing what's going on in the room, identifying those individuals who need to be connected with in partnering developing effective strategies to communicate with those who have disabilities in which communication is impacted. One thing we had trouble this morning is also keeping it focused on the snow scenario. So let's try to keep that in our frame of mind and think of ways in which, if you as responders or government agencies are trying to get a message out, especially during this little dry spell over the next three days, there's an opportunity for you to get out in the community and maybe power is back on, maybe it's off. In each situation, how would you -- in what ways are you communicating now with the public or would you communicate with the public? In what areas do you think you may need support in or maybe you have strategies you want to develop and share with the rest of the group.

Okay?

>> NEA: Okay. In this scenario, because there's such a broad -- you have people who are blind, so there's going to be different levels of communication you, you need to speak to the blind community about what works best for them, speak to the Deaf community about what would work best for them, then there are some who have no language at all, who communication. Maybe they're being cared for by a parent. And so you have to think about how to talk to -- how to speak with them. There's some people out there who are living on their own with learning or intellectual disabilities. So you have to figure out -- so -- in the work I do, I kind of work in all fields except for the blind and the deaf.

But one big problem that I have is that even though people speak English, I'm still interpreting. Because the language is so big and it's so broad and so they'll come maybe like Mia, what does this mean? I'm interpreting English. I'm breaking down a paragraph into a sentence.

So I think we should be conscious that, in time of emergency and panic, people don't need this big old monster thing they need to go through and try to break down. They're panicking. We need to keep it simple. Maybe a little visual. Maybe some little pictures or something to go with it because some people learn better that way. So when we do -- when we translate to people with disabilities, the way they need it, it just can't be one across the board, we have to think of each disability in the way each person will be affected by the way they receive information.

>> MICHAEL RICHARDSON: Thank you. Other comments?

>> ARIELE BELO: Anyone else?

>> Thornton: I'm just trying to think about it in terms of that scenario. I don't know if this came up in any of your other cohort sessions. But again, the company I previously worked for, one of the issues that might be impacted by a scenario like this, if the power has gone out, a lot of the clients there are using augmentive communication processes, they're going to run out of power even with battery backups after that amount of time. If you only have three days -- staff might know them well enough to be able to figure out their communication patterns. But, if during that three days we actually had to evacuate them, having the first responders be able to understand what they were talking about -- because we wouldn't have the staff to go with them to translate for them. And I don't know -- I don't have a -- we never really thought through that or what a situation might be. You know, how you would handle that.

>> SHERI BADGER: So I have a question for you all. Do you -- thank you. So do you all have ways that you communicate regularly with the clients that you serve and a way to get in touch with them at home or at their business that you do currently?

So, if I passed out information -- so during a disaster, my job is public information officer. So I would be looking to all of you to get information to your clientele because I don't have all of your information to the folks. And you would be able to then take the information that I give you and translate it to -- we try to do a 5<sup>th</sup> or 6<sup>th</sup> grade level as far as getting information out because we realize that during disasters, people's mental level decrease.

So wanting to know if you will all do that and if you do do that? So that's a

question. And I just said, "Do do"

>> Thornton: would that still be a problem? The plans that we're making depends on the electrical grid. You know, if we're sending out almost everything that we do via Internet and even social media, Internet, or telephones, and a situation like this, some of that may be down and you don't have the opportunity to have the in-face meeting with the management staff, I mean, that's the black, isn't it when you have a situation like this knowing how to compare for that complete absence of service?

>> SHERI BADGER: So and we do that in emergency management. We do everything redundant two or three times. So one of the things that we talk about a lot is working with HAM operators. And I know in Pierce County we actually have the largest number per capita of HAM operators in the country in our county. So you're right -- our county, is so you're right next to us, so I don't see that too different but making sure your agency or operation has a HAM operator or your next door neighbor who is a HAM operator and getting information out. But also having communications ahead of time with your clients to make sure they know how to get information to and from you that doesn't depend on electricity or power or that sort of thing.

So -- it's not what you want to hear, but --

>> MICHAEL RICHARDSON: If I could add a comment. Instead of me running around with the mic, if you can just speak up clearly so our captionist can hear as well as everybody else, what about what you were saying with the communication especially with augmentive communication device, I guess -- I mean, there's going to be situations where they're not going to be functional, not operational. And therefore, communication is going to happen in a one-way situation or 2-way. So I guess the idea is to think about what can the responders do on their behalf to at least get some information across to the person who may not be able to effectively communicate back? Maybe you assist them with picture diagram, you know, something that conveys a message. And I believe earlier it was mentioned that your flash drives have a sample printout that show fire or what not.

>> Thornton: There's probably some first responders here in this room. What would be your response if you did show up at a place and you had to get somebody out their communication device isn't working or you don't know sign language. If they're -- you know, what do you do?

>> Mark: Okay, and there's no staff there. This is the worst case scenarios here.

You just improvise at that point. We don't have handouts. You do the best you can. What that means you draw pictures or -- I don't know. Play charades or any number of things to communicate -- unconventional methods of communication that you can think of or use. I think any -- all law enforcement officers have probably been through the mock scene in the academy where you pull over a car and the actor is hearing impaired and you have to get through that scenario to graduate and you write it down. We can't train to all contingencies. But I think we have to be -- of course, we can always be better trained and have more information. But at the end of the day we have to be able to improvise and get down to the simple -- what I'm trying to say we don't often get the opportunity to know what we're going into. And we do a pretty good job the overwhelming majority of the time of doing that first take improvisation.

And that's what it would come down to in that situation.

>> MICHAEL RICHARDSON: So for the purposes of what you're getting at and it

sounds like I heard this being -- from the previous sessions that I want to know how to do this but where do I go? Who do I get ahold of? And that's why the whole idea of this is to hope that you can identify those individuals and create partnerships for possible training. My agency does a lot of workshops with free training and presentation about disability issues and how to interact, disability etiquette for example. Maybe perhaps connecting with the Hearing, Speech and Deafness Center about effectively communicating with those who are primarily ASL users when you don't know ASL. Good points about using body expression, pantomime. Not everybody knows how to do that.

>> Mark: And I had a side bar conversation with a couple people during breaks. We historically will do outreach with communities that we don't do well with. We react.

And so in Seattle as an example we're a bigger department so the smaller agencies aren't going to have this. But we have a lot of advisory committees and boards and we do outreach with different communities, African-American, Filipino, Latino. We have mental health squad now that didn't exist before. You know, there's guys that are retiring now that didn't have a domestic violence unit when they came on. So we're constantly evolving. We didn't have the Homeland Security bureau until 9/11. Now we have a fully staffed Homeland Security bureau. So I can see a gap that we have. And because we're a bigger agency, we can maybe address this. We don't do outreach with the disabled population. So I can see within our community outreach having a -- an officer fill that role. And kind of trickle down the education and training to those officers and be the point of contact and the conduit for outreach and communication.

But that's me. I'd have to push that up to someone -- you know, we're trying to staff the streets and we can't often see beyond our -- the tip of our nose. And you know, we're just trying to answer 911 calls most of the time. And --

>> MICHAEL RICHARDSON: So kind of going back to we're thinking this morning in the presentation when Richard was mentioning that quote with everybody but nobody but everybody and something like that. What do you think would be a solution to identifying the resources you can go to to get some of these specific information about whether it's communication with the deaf and hard of hearing or communication with people with intellectual disabilities? What would work for all of you? I'm thinking right now, anybody who had those systems set up in their own agency or maybe not -- that's where I think it might become a little dicey, because one agency will say okay, I assume the police know about this so I'm not going to worry about it too much because I'm just going to get the police to do it and vice versa. So I'm wondering whether there's a centralized information site run by the county that identifies these specific disability issues and contact or information, resources, alternative formats, how to get things put in Braille? I'm just kind of throwing stuff out there. If any of you have struggled with where do I go? Who do I contact? What's been the issues?

>> Ann Kennedy: Our situation is a little different. We're Medicaid broker and we're in Pierce County, not King or Snohomish, but we have a TTY machine for our hearing impaired clients and we have contracts with language interpreters. So during an emergency we've not lost our phones. We have redundant generators and we've always had our phones and our contract with the language line is out of state so we've

always had that ability and we've been able to use the language line to communicate with our clients who don't speak English or English is limited.

TTY machine has never gone down so we have had that access.

We also have some information and some other languages that we would mail out. But in an emergency, we would primarily use the language lines for our LEP Limited English Proficient clientele. We also have the ability we have IVR, Interactive Voice Recognition, that we can reverse. So we can put a message on and Sheri, yes, she can send me a message. Program it into our IVR, it's a reverse message which would dial out to all of our Medicaid clients in a particular area that would give them -- leave them a message or give them a message. So we've got that. We also do a lot on Web-based. We use IM. We use text. We use multiple communication styles to reach as many clients as possible.

>> MICHAEL RICHARDSON: Cool.

>> ARIELE BELO: Great. So, if the power is out, then in that situation, how would you be getting those messages out?

You know, we've had four days now and we're in this little break in the storm that we have this opportunity to get a message out. What would we do if the power was still out? If we don't have computers --

>> Linda. I can't hear you very well, sorry.

>> ARIELE BELO: We don't have computers, we don't have Facebook. In that situation when the only thing we have to communicate is a landline, you know, without electricity, without the Internet, how can we get those communications out to the community? Ideas?

>> Kristen: I know this isn't within the United States but I was a responder in Haiti for disaster relief. So I went door to door, person to person with flyers and mega phones, is that what it's called? -- to get the message out. Let people know what's going on and what to expect.

>> MICHAEL RICHARDSON: Yeah. Even with the power out for many of us, people without disabilities would be impacted. So ideal situation maybe cellular data would be backed up. So getting sort of emergency text messages out to community might work. Especially for those who have hearing loss and don't use phones.

>> Sharon: We also use neighborhood information centers. And I think West Seattle has -- I think they call them hubs. Is that

>> SHERI BADGER: Yeah.

>> Sharon: What they use. Really low tech. It's a piece of paper you write on it and say here's the nearest shelter, just post it in their bulletin boards.

>> MICHAEL RICHARDSON: Other thoughts on communication? During a snowstorm?

>> MIA: If the power and everything is all out. You almost have to -- it's almost sad. You don't know how to think without technology. I'm just sitting here like this is so ridiculous. What did we used to do before all of this was done because the power can go out from so many different types of emergency situations, even without it being a disaster man made or whatever. The power can go out. And if we don't begin to think of ways to communicate prior to the emergency instead of waiting for the emergency to come, this thing is always going to face us. It's good, okay. What do

we do if we have something working or the power go out. People can't even charge their phone to get text messages. So what difference does it make. What she said about going door to door, I mean, you just have to think before all of this started, what did we do? And if we don't start thinking like that, this is always going to be a problem for us. Just go back to the basics. If we never had power and we needed to get information out, what the hell would we do? We can't think past that?

>> SHERI BADGER: Smoke signals.

>> SOS, anything

>> Debbie: It is hard. People don't have land lines any more. We have phone lists in our cars so that you know, the building gets destroyed, you don't have -- you know, you don't have the computer to look up anything. So you have lists in your cars that are printed or whatever. Or at home or -- but you don't have land lines if in fact it goes four days people don't have power, then they're not going to be able to take your calls.

>> One of the things that we talk about the land lines, I always tell my residents to have a landline. Our intercom system that they use to let guests in goes through the wired installed in the apartment. And so I always recommend that they have a phone that plugs directly into the phone jack. Because with the -- the cordless phones that we all use aren't going to use with the power outage. So I'm very low tech with my folks and I say have a landline, plug it into the jack.

The other thing that I have is a lot of my residents do not speak English.

So we're dealing with some of those language issues. We have the ability to get things in -- get things translated into kind of our top 8 languages.

but I think connecting with the social services that serve the language community that we have is something that -- something that is important.

The other thing that we need to think about is people who have low literacy. I have a couple of people in one of my buildings who are not literate in their native language.

So when we have events and trainings and things for the residents, we bring in interpreters. We have interpreter contract as was mentioned and we also use the language line. So for our preparedness training and other kinds of training we bring interpreters in and for this particular couple, it's really helpful because they -- they can understand their language spoken and can speak it, but, if I provided them something in written in their native language, they would not be able to understand it.

>> MICHAEL RICHARDSON: That brings up a good point as you mentioned earlier. You were touching on a point that was brought up by a responder in a previous session that there's two levels of communication, one is at the time of crisis and one is prior to something happening. So obviously the importance is self-empowering people with disabilities way ahead of time through your common messaging system on how you're educating the community about disaster preparedness. So the question now becomes is -- you talk about your Web sites and maybe your -- you do some public service announcements on TV. Do you know that they're fully accessible? For example some people have Web sites where they have emergency preparedness videos. Are they captioned? Are they audio described for people with vision loss? Is your Web site accessible? All that stuff. And if not, do you know who to contact to get some help on that? Feedback and consultation.

>> ARIELE BELO: And also, we need to think about communication access in different ways. There might be, you know, people who don't realize who's living in their neighborhood. You might have an ASL interpreter living in your neighborhood. So it's important to know who your neighbors are and meet each other so you know what kind of resources are available and see if there are other resources that you can provide to each other.

If there's an ASL interpreter and there happens to be a deaf or hard of hearing person who needs support, you can connect those resources.

And also as he mentioned, making sure your Web site is accessible. A lot of people English is not their first language and if you're trying to disseminate information to the deaf and hard of hearing community, you can put up a VLOG, video log where you have somebody using American Sign Language to get the message out. There are lots of ways to get the information out rather than just written English. There's so much information out there and so many different places you can work together with different technologies and available resources to make sure that these -- all channels are being crossed.

>> MICHAEL RICHARDSON: I think the problem with that is it becomes overwhelming sometimes. Sometimes you see a lot of places to go for help and it's like where do I start and how could I get myself organized?

>> Thornton: Just -- Seattle still running the SNAP program, Seattle Neighborhood Awareness Program.

>> ARIELE BELO: Mm-hmm, yeah.

>> Thornton: Because I mean, I pointed our staff there for personal training. And I think the idea there is that you're starting out at your community level right where you are and then going to your neighbor's house sort of what you were saying about going up the Boulevard. And that seems to be an important piece in managing any sort of emergency like this.

>> ARIELE BELO: Right. Yeah. And also there's CERT. Somebody had mentioned that earlier why. There's another group called c-e-r-t. I can't remember. I believe it's Community Emergency Response Team. So community member-led. We have community members that have taken the CERT training. And that's -- neighbors who are able to help out during an emergency and be part of the emergency response.

>> MICHAEL RICHARDSON: Who provides the CERT training.

>> ARIELE BELO: Hmm. I don't know.

(Laughter)

>> Emergency management?

>> SHERI BADGER: Emergency management, law enforcement, fire, actually, it's fire and emergency management. Is it law enforcement? Fire.

>>

>> Many of the communities that I work with, they're local governments that the fire and emergency management teach it at a local level for the folks in that particular community. I know Burien offers it, Federal Way, quite a few other jurisdictions in the county will offer it to their residents and I've had several of the residents in my



buildings have taken them. And you know, there are people with disabilities. And have taken the course and passed it and have the training. And so that's also very helpful to have that available.

>> MICHAEL RICHARDSON: Yep. Checking time, we have just a little over 10 minutes.

>> ARIELE BELO: 15 left.

>> MICHAEL RICHARDSON: A thought in my head, I can't remember what it was now.

Any other comments? Oh, I know who it was. One thing we had not touched upon since we've been doing this this morning is communication strategies and plans for in shelters. Because I can assume a little bit with a scenario like this, you might have power outages, below freezing temperatures, you can get populations in the schools for the massive generators, things like that. Does anybody have any plans in place they might want to share about how they plan to communicate with those who may have communication-related disabilities in a shelter situation? Don't feel bad you don't.

>> MIA: To have communication with one of the shelters, though, you'd have to be in the shelter with them, right? You'd have to be in the shelter with them to have -- are you talking about professionals who plan on going to the shelters to provide information or that we're just all there stuck together because --

>> MICHAEL RICHARDSON: No, I wondered if anybody in the room is part of a shelter team that would be sort of in the shelter and then what would happen if you had deaf individuals or those with significant visual impairments come in? And how would you know how to communicate.

>> CATE: I can speak a little bit to what public health Seattle King County is doing. So we have our public health reserve core and then we also have response teams within the staff. That's the little part when you get hired that says maybe responsible for other duties. So we're looking to recruit people within the public health reserve board or maybe other staff who speak other languages or maybe our ASL interpreters who we might call on in an emergency and the public health reserve Corp., those are the people staffing the shelters or helping in call centers if we were to set up a call center so we know or at least have an idea who on staff could help in those situations.

>> MICHAEL RICHARDSON: That's a perfect opportunity right there. King County public health department to contact Cate and say I'm interested in doing something similar to what you guys are doing. Where can I find information. That's exactly how we identify to further enhance your communication strategies for those with disabilities that impact communication.

Yes?

>> MIA: Question to the emergency first response team. I know you guys have some people who you are staffed with. I'm sure the numbers is a lot more than what you would like to see as volunteers. What would make you more comfortable? What numbers are you looking at that would make your agency more comfortable with volunteers? To go in there? Because you would need a serious support of volunteers and I'm sure most agencies are --

>> Mark: I'm thinking in this scenario, the likelihood of -- you know, something

that came up earlier is our employees are going to be battling the same things that all populations are battling. So we may have a 10% to 25% reduction in force at this time. And there might be a percentage of our force that hasn't gone home yet. And so it's hard to tell what we have.

And there's a certainty that we will be dealing with what we call priority 1 calls.

We prioritize too. And priority 1 is all life safety.

So there's a chance that we don't even get to that. You know, we don't even make it out to these type of evacuations. I mean, we're going to -- with power out and we're likely dealing with a lot of mental health crises throughout the city. You know, we've got a lot of residences that are focused on that. So I can anticipate that we'd be deal with some breakdowns there. We've got domestic situations going on and we're going to those things in progress and we're spread paper thin. And then there's just things we can't get to that are getting backed up and queued. It's unfortunate. But it's the reality. I'd like to a -- X-number of people but I don't even know how we can accept that and what we'd be able to do with it that we would even respond to that type of scenario. Just if I could touch to something else because we're talking about communication, I've had a couple recent examples where nonemergencies where the surge in the cell phone usage completely crippled the system. So I don't know how we would fare in that arena as well. You know, four days into it, we might be -- I suspect we'd be doing well. But the first couple days, especially the first day, you're not getting, you know, messages out on the cell phone.

I mean, the parade was a little bit different because people were using -- taking video. But by the time the Seahawks had turned from Seattle center, we lost all cell towers.

We -- it was done.

So -- and I was at the NFC championship game working. And that's 75,000 people there. And I couldn't get a cell phone message out outside of the stadium.

So we have to be realistic about what we can do with cell phones, too.

>> MICHAEL RICHARDSON: Yeah. And I did hear a theme that there was a lot of people wanting to use HAM radios which seemed to work effectively for many situations. Although from what I understand, you have to have a HAM radio license to receive a HAM message.

>> SHERI BADGER: To send.

>> MICHAEL RICHARDSON: Okay. To send. And then now they're so high-tech that they're actually connected to the computer system. So, if you have electricity, you can also get messages through your computer from a HAM radio .

Some things to think about there.

How does -- if you're doing a HAM radio message, how does it get transcribed into written text on somebody's computer or is it just audio.

>> SHERI BADGER: So I'm not a HAM radio operator but it's been explained several time. It's radio connection and you put an email together and it comes in a text packet and it gets transmitted via radiowaves to another computer that translates it from the radiowaves.

>> MICHAEL RICHARDSON: Okay. Any other thoughts about snow situation? And how communication will be impacted? Wow what are we going to do in this kind

of situation?

>> MIA: Personally or community-wise?

>> MICHAEL RICHARDSON: Sorry?

>> MIA: Personally? What are we going to do personally or community-wise?

>> MICHAEL RICHARDSON: Community-wise.

>> MIA: We've been in snow situations where the power has been out for a week. And I have a daughter -- I was saying earlier, I have a daughter with a disability and I had to go through it. But what was helpful to me was being prepared. And so I didn't reach out to any hospitals. I didn't call out to any -- you know, even though I was involved in real critical situations, I had to really just train myself in the situation work through it. But I was saying earlier, when you're mentally prepared, when you're aware that the possibility is there, it gives you the opportunity to prethink the situation. And we have a lot of people out there that's not prethinking. They're not thinking about -- they know more about the new cell phone coming out, new pair of sneakers and clothes and anything else. But in this area, there's a bunch of dummdums running around. So we have to do something to change that. Because nobody is thinking about mankind falling apart. We're only about gadget, gadget, gadget, gadget. We have to think of disaster as reality which you would think we would with the movies coming out. But we don't see that as being real. How can we get through to people that the possibility is real and you need to start the new rounds firing up in your brain that this thing can happen and if it can happen, what can we do? We don't want people to panic but it seems like it would take a panic for them to do something.

So how do we get them to thinking that this is a real possibility to where they want to get on board and start preparing because no matter what we talk about in this room, if you don't get premental preparation in your brain that something can happen and go out and prepare yourself and be aware that it's coming, then no matter what we talk about in this room, it's still going to be a disaster. If you preprepare, everything can go a lot more smoothly or -- by having a few simple items, having a little extra medication in the home. Talking to your doctor if this happens, what can I do to my baby that's natural alternatives? These are the things I had to do. I had to talk to the doctor. What if I can't -- do this, do that, a lot of natural stuff around home if you can't make it to the doctor, go out and are charcoal on the grill. Continue to cook. If your refrigerator goes dead, have some freezer chest, stick them in the snow out here. If there's snow, you can stick food in the chest in the snow your food is still frozen. I'm taking my food out and every day cooking meals, helping the community cook meals. So that's what I mean about going back to the basics. There are a lot of natural things we can do and as far as communication goes, the best way to communicate is to talk about it before it happens. Because once it happens, we're limited. It's like cutting the head off -- we're just limited at that point. We have to get it out before it even happens.

>> Thornton: No charcoal grilling in the house.

>> MIA: No, on my front porch.

>> MICHAEL RICHARDSON: Are any of you doing any mailings that go out to the community. Like paper format or things like that? Are you doing anything electronically.

>> MIA: I do mailings and e-mails. I do both.

>> MICHAEL RICHARDSON: One idea is if it's format or electronic, have a simple statement in the body of the email saying for people with disabilities who would like this information in alternative format, contact this number. And that is always very helpful.

It's very welcoming to people with disabilities. And they do need an alternative format in that situation, they can contact a number. They have somebody in charge of that number. And they may not need to be responsible for making something in Braille or large print but at least that person could know who to contact. The Department of Services for the Blind. Resource how to create something in Braille or the division of developmental disabilities how to create something in simple visual picture communication. Something -- you know, so there are resources out there

>> ARIELE BELO: Also the information -- there is information in the flash drives you all got. So all the agencies that you met today, there is a list in that black flash drive. So, if you're wondering about who to contact about life resources or different agency resources, all that information is provided to you.

>> MICHAEL RICHARDSON: I encourage people to call my office any time they want about questions or resources in the ADA. I assure you I'm not the ADA police so please do not be afraid if you feel you're not compliant with somebody. That's what we're here to do is help you provide information and get you in compliance. So -- I think we're just about wrapping up to 2:00. So thank you for your contribution. We will collect all this information and compile it and do something with it.

(Laughter)

I just got recruited into this situation so I'm not sure what the long-term plan is but it's going to be good. So thank you.

>> ARIELE BELO: So thank you, there is a 10 minute transition break. And then there's one more session.

>> MICHAEL RICHARDSON: The times got switched around. So let's see. No, actually, we're going straight to -- no, 2:10 will be the next session. You have a 10-minute break. 2:10-2:55 for the final breakout session and then refreshments at 2:55. Okay? Thank you.

(A break was taken.)

**\*\* Preparedness \*\***

>> David Shannon: May I have your attention, everyone. Last session of the day before we reconvene with everybody. For this next session I'm asking you to put on your preparedness lens, hat, because we're going to be focusing the conversation on preparedness. There's some different place where's that goes. That's a broad term. We'll be discussing the personal side as well as the agency preparedness in how those interact with each other.

My name is David Shannon. I work with the American Red Cross in our preparedness programs.

And it's a pleasure to be here with my dear colleague Deb Cook to be facilitating this preparedness conversation. So we're tag teaming through the course of this and I'm happy to be here.

>> DEB COOK: So I work with the Center on Technology and Disability Studies

at the University of Washington.

And I manage the older blind independent living. The average age of the consumers we have is 86 years old.

And they experience lots of issues in addition to vision loss. So it's very much seniors and very much isolated folks.

And I also work with the assistive technology program. And we have the device reuse program. I help people identified durable medical equipment resources in and out of emergencies, among other things that we do. So it's probably the most relevant thing we do that relates to what we're talking about today.

But right now we're here to talk about preparedness. And as David said, and one of the things that's interesting about this conversation from our perspective with you all is you've been through all the other sessions, so as you kind of have gone through those different channels of discussion, you've probably picked up on already some of the things that go better if there's some preparation, whether that's individual preparation or whether that's preparation by agencies. So we want to kind of talk about that. And some of that will probably be in retrospect. And then also where we are in the storm scenario of course is we're in that lull between the two storms. So we have the benefit of whatever preparedness there was and the opportunity to get a little bit more in place. So those are kind of the perspectives that we think you're coming from in having the conversation now. But you may take us different places than that. So that's okay. They've all been very different from each other, which is kind of interesting.

So it might be useful to start from the standpoint of thinking about individuals. And we know that there are things that we hope all individuals will do to be prepared for whatever emergency is that they're facing. And we talked in one of the other sessions about how emergency really does mean different things to different people. Some people are in crisis when a little bit goes wrong and some people aren't in crisis until a lot goes wrong. And there's a lot of different reasons why that might be.

But as we talk about what it is that individuals need to do and what the barriers are for individuals in getting prepared, particularly thinking of it from the construct of people with disabilities. So I know for the population that I serve, as I said at the outset, my population tends to be kind of isolated. They're not connected with a lot of organizations or agencies, many of them are not necessarily home bound by requirement but home bound by choice. And so they aren't necessarily well-connected out in the community in that case. And so they -- I'm thinking about how do I connect them for this purpose if not for all other purposes. So there are some of those things. But I know some of you will have some thoughts about that. And as you've tried to reach out to different parts of the community or make those connections, what things are working and what things you're finding as barriers. Talk about that.

>> DAVID SHANNON: Any volunteers to get us started off.

>> MIA: I've been talking.

>> DEB COOK: It's the end of the day.

>> DAVID SHANNON: Let's start with what's working. What's working with your particular agency, clients that you serve. Is there something -- is there any element of

preparedness with that clientele that you serve that it's working or -- who's willing to start us off.

>> DEB COOK: Or if you've made a connection in the community that's working to get some particular population more prepared.

>> MIA: Nothing has been working. I don't think we've really touched on this to say we serve the disability community. We do serve them with a lot of resources. But not in this area. But after today, that's going to change for me and the way I serve the community. So this will be working from this day on.

>> DEB COOK: How will it be changing?

>> MIA: Because I'm going to share with them what I learned today by making them use their mind to think because I'm going to pose this question that you posed to us right here about if this happened, if this happened, I'm going to ask them in a group. So every other month I have family gatherings either in conference call or in person. And sometimes people can't think about what to do if the question has never been posed to them. So I'm going to pose the question and get them to do some creative thinking and maybe they'll go out and after, you know, sitting together as a group and going over -- each of them will need something different because everybody's caring for somebody with a disability and their disability is different. So even listening to what we have to do differently may still help us think about what we still need to do all together and maybe we'll even come up with support from one another when this time comes if need be.

>> Go for it.

>> Thornton: One thing that just occurred to me is one of the strengths in terms of preparedness that even -- you're saying you know, we don't support people, you know, in this manner. But one thing that most community agencies have in place already, which is a strength, is that there's an emphasis on mission.

And I think that idea of whenever you're training your staff based upon the mission, you're training strength. And so those staff, like in the community living houses at roadville for instance if there's only one staff person for four people and now there's been snow and they may have been there for four days, there is a strength in knowing that probably most of those people are still going to be okay. That they're not going to -- sure, they're going to be worried about their family, but they'll probably still be there and doing hard work. And that is a strength that is something that we can all prepare for in our agencies. So obviously -- and there's a strength in mission in terms of Red Cross or even King County emergency management or Pierce County. You know, the people that are -- the police. It's that -- we're mission driven folks. And you come here on your own, and you're going to bring that back going you know, my agency didn't send me here but here I am because it's important. And I think that's a strength that people can build off of. Prepare that way and do emergency planning based upon your mission.

>> Sharon: I think in the past a lot of times the government has not provided emergency preparedness plans or worked with the community where people work and play. They want everyone to come to them. And I think it's starting to change, but I think it's slow in coming partially because of financial reasons. But people normally people don't like to step out of their box, especially emergency preparedness is kind of

a scary thing sometimes. And to try to take that down to here, we're going to come to you and work with your community and what you need and going back to the mission, what you needed, not what I want to tell you everything about what I think you need. I think that's -- I think we need to work with the community that way.

>> DAVID SHANNON: I think it's a really wonderful strategy to do that. Part of the challenge is -- Red Cross is part of this organization that focuses on preparedness along with our government partners.

We just need to know. You know, we'd rather be invited. But let an organization know that does preparedness, hey, this is cool. In a lot of communities do reach out. But there's a place that we see a need that's not being met. There's a niche for preparedness to be there. And then to go on and say -- because it might tie in to the mission or the -- or even be like the belief in the group, which is often times it circles around just general well being, right, for missions. And so I just -- I just put that out there like let people know, invite people to come to these events. Because there's so much going on all the time. And with limited resources. Try to get everywhere. It can be challenging, but there's places that you see that is not a preparedness element, please, I just encourage you to reach out.

>> MIA: So can I ask a question. There are a few different agencies here who would like to share information. When you guys host events like this, most of the time it's professionals sitting around the table. How many of these things do you guys have where we can actually share with some families in the community and have them come and be invited to hear some of this? Or is it mostly just professional base?

>> DAVID SHANNON: Sure. Coincidentally there is an event happening on June 14th. This is a Red Cross event at the Fred Meyer in Redondo area, Kent area. And it's basically we're setting up a big fun family preparedness event in front of this Fred Meyer, we're giving out little starter kits. So there are sometimes like open community events like this where people can go to. But what I find often times is that we will get invited out to go work with a neighborhood group.

Or we'll go work with a church group. Kind of these natural places where people can be and come together. It could be around a group that is really into biking for example. Similar interests or could be faith-based. So we look for opportunities so we can try to be more impactful and connecting with the community with limited resources.

So --

>> MIA: So, if we hosted an event at our organization, you guys would be willing to come out?

>> DAVID SHANNON: For sure, yeah.

(Laughter)

We have volunteers and we do all sorts of different events. Sometimes we'll set up a table. Sometimes people ask us to come out and do a presentation and have a facilitated conversation just like this around the table about how to be better prepared. So it can look a lot of different ways. And it's just a matter of communicating what you're looking for and what your goal is and then we just strategize about how best to meet that.

>> That's great.

>> Thornton: Are there other agencies doing similar things and along the line with that are a lot of those trainings based on scenarios similar to this? D?

>> DAVID SHANNON: It's really, really different. Sheri. I know you've worked with tons of community groups as well from the county side of things. But each one -- sometimes a community group will come we want to know about earthquake safety. So great. We'll wrap in all these other preparedness elements, but we'll try to meet that need about preparedness on the earthquakes.

You know? The Adage is being prepared for one event prepares you for all the others. So we try to take that philosophy forward. Sheri. Do you have any thoughts from the county side?

>> SHERI BADGER: In Pierce County we've got three public educators and their job is to go out and do exactly what David does or the Red Cross does but we still supplement what Red Cross does and talk about our plans and how we can assist with our plans. We have a program called Pierce County emergency neighborhood teams which is going out and assisting neighborhoods that want to get together whether they're already a pre-formed block watch that want to take the next step and doing emergency preparedness but identifying people with special needs. Identifying where all of the dash setoffs are at their neighbor's house. Where would everyone gather. Who's got the generator, that sort of thing. Taking care of each other. Neighbors helps neighbors.

So really trying to work on the citizen level. But then also agency preparedness as well. And we've done this now for five years. It's a 2-day class on what to actually put in your emergency kit. The looking at your plan and figuring out not only your mission but what is your disaster mission? What do you want to do? And really think through what those essential skills are that you need to have for your essential personnel for your essential mission during a disaster. One of the things -- I'm just going to chat here.

One of the things I like to bring up as we're talking about essential missions or essential -- personnel -- essential services. Is our Tacoma Pierce County health department. After the H1N1 they actually got together to re-- to determine what their essential mission is during disasters. And what do they have to continue to provide. And they came up with only two things that they need to continue to provide.

And anybody have any idea what those two things are that they need to provide?

>> DAVID SHANNON: Information one of them.

>> SHERI BADGER: Vital records. So birth and death and methadone distribution.

>> Linda: Say again. I couldn't hear very well.

>> SHERI BADGER: Methadone distribution and vital records. If a disaster happens, that's the only thing they have to continue to do during the disaster.

So based on that, they start training and cross training all of their staff to be able to concentrate on those two missions. And then they prioritize their missions as they start coming back online what's most essential for them.

>> MIA: What's the methadone about?

>> SHERI BADGER: Because -- I think I heard someone saying that it was a life safety issue. If you don't have methadone and -- go without it.

But also have folks that might be going a little --



>> Linda: What does that have to do with H1N1  
>> DEB COOK: Nothing.  
>> SHERI BADGER: After the H1N1, they realized that their plans weren't.  
>> DAVID SHANNON: I think what I'm hearing Sheri say is for each of your agencies that you represent, what kind of role would your agency like to play in the event of an incident disruption, a snowstorm for example. What's your role going to be?

Obviously, it's going to be connected to your clientele which are going to be more stressed at this time and really need you the most.

So it's kind of figuring out what can we do, can we still provide all the services we continue to provide? Whether there's snow on the ground and power's out. Probably not? But what are the essential functions they do want to provide. As Sheri said, they broke it down. What are the key things you want to do. Once you determine what the key things are, that's your disaster mission statement so to speak.

>> DEB COOK: I think part of the learning here is learning what will not be happening. Because what I heard Sheri also say is not what they should be doing but what they would be doing. She listed those all off but we know what they are based on process of elimination. Doesn't mean they wouldn't. I mean, she said that I bring them back online as soon as they could. But assuming they really had to stop, you know, the mission two critical things they're going to do are not a whole bunch of other things our clients are depending on.

>> Thornton: It's fascinating to think about defining your disaster plan mission statement based on what are your essential functions, I doubt most people look at their disaster plans that way.

>> SHERI BADGER: We have this training that comes up twice a year, you're all welcome to attend it. The next one is not until October. It's a 2-day training and I'll get all the information out.

>> DAVID SHANNON: Is everybody here connected up with the CCN?

>> What's that?

>> What's that that?

>> DAVID SHANNON: The community network --

>> SHERI BADGER: Community communication network.

>> DAVID SHANNON: Thank you.

>> Thornton: That's good you forgot that one.

>> DAVID SHANNON: So what does this mean? It's a network essentially a contact list of service providers, community-based organizations, people who serve in community. And there's great information that's put out through the CCN.

In the event of a snowstorm like this, most likely there would be information, reminders about connect with your community about carbon monoxide poisoning and how to mitigate against that. Trainings that Sheri is talking about, really cool free opportunities to get connected in for information, for training, are put out through this network. So, if you -- if you're interested in that, really connecting with anyone from King County public health like Candace who was in here earlier, she's one of the key people on the list. So it's really great and keeps you connected with what's going on.

The hope is that if you get it to disseminate it out to the next level in your organization. That's the kind of concept.

>> DEB COOK: So we've talked a little bit about kind of making some of those connections in the community. We've talked a little bit about organizational strategies for what we might want to do and how to get into some of those resources.

What -- and we've talked quite a bit about some of the things that might be working.

What do you all think what would be some actual things that we need to perhaps take up in terms of resolution? Where are there some particular gaps that we need to be thinking about as a group in terms of coming to a resolution? Not today so much but in time?

>> Sharon: I think the just trying to find funding to provide for interpreters and all of the different services that is needed. I think that's really difficult. And I don't know whether -- don't know what other organizations do for that and how you provide the funding.

>> DAVID SHANNON: That's a good question.

>> DEB COOK: That is tough.

>> DAVID SHANNON: Because reality is, as leaders in your own organization are aware, outside your own job description. And so then adding this piece in can sometimes be the tipping point more overwhelmed than we already are in our jobs.

Yeah, so looking for the funding, looking for the resources that are available to help Red Cross, our government partners being another to help in the process, is really key. And I don't have the golden answer for the funding piece by any means. But there are grants out there. In the last session we were just in someone brought up a grant -- who was the gentleman who said -- it was a gentleman from FEMA, if I remember correctly, said FEMA has grants, money that's put aside for whole communities, used the term whole community, which essentially means funding that's available for any organization that's working towards preparing the community. He made that announcement and he didn't go into how do you connect but I think it's worth doing some research on that there is some funding out there. It's a matter of doing some of the leg work to connect it.

>> Kristen: That's also a challenge though. Especially if you're a nonprofit and you don't have that capability to do grant proposals. Very, very overwhelming process. And it's a double-edged sword, too, because I'm part of a UASI Urban Area Security Initiative grant. So if we don't make it that way, we're out of luck. We're not going to have that money. And also if the priority that we want or the capability that we want to establish in our own region just doesn't seem to align with what the federal government says, we're also out of luck. So it's a challenge. And --

>> DEB COOK: Maybe that's where some group collaboration could come into place. Because I know a lot of us struggle with trying to get grants alone and trying to make something mission critical to do something even though we all agree, it's just how many things can you make critical. But, if you can maybe find some organizations that might be partners in the task -- and then the other thing is don't think huge. Don't try to solve all the problems. Think about one problem that really does hit in your area or population or whatever it is. And then -- and the solution and who would be needed to solve that. And then try for grants or things to kind of get

that done. Because I think grant funders really do like collaboration. They like to see people working together to solve a problem. And they like to see them have a vision of something they would complete. So probably part of it is some of us spending more time to think with each other about -- so, if there was something we wanted to take on to try to solve, what's the scope, what's the range? And who is most likely to actually fund it.

>> DAVID SHANNON: And also I just say dovetail on that, look for the low hanging fruit. Start with the stuff that's easy to do, doesn't cost a lot of money. For example, practicing fire drills. Practicing drop, cover, hold, bringing that in the schedule of your work. Connecting with an agency to come out and talk to you like the Red Cross, talk to your staff about preparedness. Help me with this, Sheri. Easy low hanging fruit ones. Having a communication tree if your agency in this case or the snowstorm had to close down services, how is that message going to get out to not only your staff but your clients. Some of those things that are tacklable -- not a word. Don't use that word in Scrabble. Tacklable. It's a new term. So once you start making progress on the stuff that's attainable, then we could cover this. And what's next. Preparedness and I brought this up in the last session. It's a series of small practices. It's a series of continual maintenance so to speak. Not like we check it off and boom, move to the next day completely and never think about this thing you just did again. It's a series of practices that requires some attention. And I get it that we're busy and it's hard to focus some of our mind power and energy to make some of these things happen. But don't be the only person in your agency advocating for taking preparedness to another place for where you work. Connect up with some other people who can be advocates for you. Because it's hard, especially if you're having to talk to upper management and you're that person. Hi, we should be prepared in this and you're not getting any feedback. Get other people talking about it. And do some of the lower hanging fruit pieces that doesn't cost any money. Upper management is all about what can we do that's not going to affect our bottom line right now. So I just encourage you. If you need to think about what are those other things that would be attainable, talk with us. We want to be a resource. Sheri, people who are in the preparedness field. We want to be a resource for you to say okay, have you thought about this, this, and this? Start with those. We'll talk again after you made progress on those. Somebody else brought it up. Don't feel like you have to tackle the whole thing right at once. But what we're hoping eventually is that we -- as an agency, you're at a level of preparedness so, if something does happen from a snowstorm to catastrophic level event where entire community is affected, that we can serve a role as -- in terms of providing services to the community when it's needed most. And we can be of service to each other in networking. It's not only finding the neighbor that we literally live by to say hey, if I need help, can I knock on your door. It's also where is your agency located? Who are your neighbors even around your agency? In the event -- is there a food bank someone here? Are we getting mixed up. For example food bank, if they can't get their trucks in for whatever reason and there's a rental truck agency next door, go talk -- you know, ahead of time, ahead of time. Create those memorandums of understanding with each other. So you can continue to deliver that mission as needed most.

So -- it's that -- it's that network of interagency work. It's that network of

community building in our own neighborhoods. That's what's going to sustain us and build our resiliency to be able to quickly recover and to provide services during tough times.

>> MIA: Do you guys ever, like, talk to agencies like Lowe's or Wal-Mart and stores that in times of crisis or emergency can provide services to the community? Or do -- I mean because you're talking about rental places and all that. But I'm thinking about the larger corporations who get the better part of all our money. Do we ever go to them and say hey, is there anything you can do? Because it is this community, disability as well that is spending their money in your establishment and now in a time of crisis, what can you do to come back and help?

>> DAVID SHANNON: Sure. I'd have to say for my experience in the Red Cross, we live in a pretty incredible area in terms of corporate giveback in so many different ways whether it's the Costcos or Starbucks or Lowe's corporations when there's an event happening, for example, Oso, they're stepping up in big ways with supplies and trucks and providing support and a lot of that is the relationships that have happened ahead of time to make that stuff easier to connect up with emergency management trying to address the situation. So I'd have to say that that is indeed already happening. In terms of specifically for the disability community, I'm not as sure on it, on that piece.

>> MIA: Pharmacies and other agencies that provide supplies, I know my daughter gets supplies at home. I'm sure other people who work in the disability community in the homes you guys work in, those supplies are coming from somewhere. So they don't know how long -- what if your causes or if a person has a button or G tube or oxygen machine, you know, how do you make sure that those supplies that weren't supposed to come for three more days but now this disaster happens, you know, what can they do for those life sustaining incidents like you need oxygen to come in and maybe pick tubes, G tubes or are they considered to be some of the people we try to build those kind of relationships in in advance or have we already done so?

>> Thornton: I know that you can make memorandums of understanding with pharmacies and things like that. But it's -- again, it's that building up that relationship. It's not anything anybody has to do. I was kind of thinking when you were talking that --

>> 2:45.

>> Thornton: That you were getting -- starting with something small but it was the corporate leadership we were talking about this during the break. You do want the people at the top, the CEOs and the people there to be promoting safety.

And you're saying start from the bottom-up. Which is good, but I wonder if there isn't a way -- like has anybody ever spoken to the insurance council or the insurance board or even from the federal level, we started a program at Provail mostly because we needed it for accreditation for a CARF standard. So you had to have safety program.

But what if there was something that would incentivize CEOs and people of that caliber from you're going to get a tax break. You're going to get an insurance break if you can document a well defined safety program. Then you wouldn't have to be doing this whole from the ground up. They'd say yeah, we've got to do that. We're going to

put somebody in charge of that. Is there any movement like that going on

>> People like Wal-Mart, you talk about those people, Wal-Mart, Kmart, they're going to say okay, we've got to do that and I have to provide to the community as well if there's an emergency.

>> The model for that is kind of wellness stuff that's happening now with the state and other places where they're incentivizing people to do certain things or insurance premiums will go up or you do certain things that will go down. What happens. So there are some different models that actually do that. I don't think we've done that about safety and emergency preparedness.

>> SHERI BADGER: About five years ago we tried to do that with adult family homes and nursing homes. To get them to come to a certain standard. Nursing homes they've got their standards but adult family homes and boarding homes.

And we looked around for a model. And actually, the closest we -- one we came to that was just fantastic was Red Cross's ready waiting program. But they were still in their pilot project stage. So there was more that people see the sticker in the door as they walk through and like okay, here's a marketing, you know, my company, my business is ready, waiting, you know, number one or whatever in the Red Cross. But the other thing too -- and this was a huge issue we've come across the past 5 or six years and we go to a seminar on setting management on fire on how to get management to buy off on all of this. We all know this is the right thing to be doing and why we need to be doing it. But it's approaching management at -- in a language that they understand. And that's just the business model. Why if they're prepared ahead of time they're going to be responsive and able to recover much quicker than if they didn't before. That they're going to have their business rebound, that they're going to have their staff coming back. All of that. And it's just being able to make that business case to management to buy off on all this stuff.

And then also, it's the law. Depending on what agency or what organization. We're starting to get funders, DSHS, to be looking at emergency management, emergency plans rather than just a checkoff that I see you've got a bill. It says emergency plans on it. That they're actually going yeah, and saying okay, do you have these 10 items in there? So it becomes more of an incentive because you have to have that to get grants or to get certified or whatever DSHS does.

So I think that's coming. All of this stuff is coming. So getting ahead of the curve on that. But also having those as tools in your pocket to talk to your management about this. On a slant.

>> DEB COOK: We're running pretty close on our time but we can take a couple more thoughts or ideas to toss into the mix if someone still has things we haven't covered.

>> Debbie: I brought it up earlier and you talked about a memo of understanding with pharmacies. But you know, and it wouldn't be for the second storm coming. It would be my concern would be for the first storm. In that we're a facility and we have people in the community working. And so generally don't have medications with them that they would take at home. We cannot store medication or dispense medication to people. And then -- so that's still something that I struggle with and how do you get prepared for that other than getting people home and when you have 20 inches of

snow and getting people home. So you know, and I'm not -- I'm not necessarily talking to every person that we serve. It would be life threatening or you know, seizure medications and other kinds of mental health medications. Those kinds of things. I worry about that. And I -- I am not very prepared for that.

>> DAVID SHANNON: And that's where it kind of comes back to the first one. If somebody has certain things that they need to be -- to be life sustaining, it's that advocating and making sure that they're empowered to be able to know what those things are, to start building slowly off some resource so they can weather a storm without getting replenished. So I think really, the cornerstone, five minutes, okay.

the cornerstone to a lot of this is personal preparedness piece and the networking piece combined with -- you're right, you're not going to be able to answer that for everybody. Just because of resources.

So that's where responsibility as citizens and whatever our situation is, that we have -- take some steps and efforts to try to get that will being of preparedness for an individual. A lot of people need help in that. I work with a lot of different communities. It's a challenge. To set back extra food or extra medication. I totally get it. Starting small. Same concept. How are we going to take little baby steps to start filling out that plan on preparedness on a personal level as well. Still a concept.

>> DEB COOK: I think we do a better job now than we used to in the community overall, not just talking about disability but in general, of encouraging people not to come out in the first place. And you know, I think years and years -- about all the storms and things that we all went to work in the morning although they told us it was going to snow and commute so we all went and we all got stuck. I've spent nights in strange places.

(Laughter)

So have others of you. In different levels of preparedness. And my thought the last time it happened to me was I'd be prepared if I was at home. And the question is why aren't you? And it's really your own fault. That's not true if a catastrophe is an earthquake or a fire. I mean, you can't help where you are when that happens. But you know, there are -- I think part of it is teaching people not to take more risk than they absolutely do need to take because you know, especially for some of these kinds of things, people can be in other places. And obviously, that's not true always. But I think teaching, helping people -- I think about the crazy risk taking I did when I was a kid. And younger person and that I take now even though it's much less. So not that I wouldn't be caught in a disaster. But I'm caught differently. So I think that's part of helping our community figure that out is where is the best place for you to be if you think there's going to be potential for a disaster.

>> DAVID SHANNON: Comment back there.

>> Linda: Yeah, I appreciate what you're saying. I also want to add to that that having been in situations working around people with -- such as myself who had experienced poverty, that's not an easy solution sometimes. Sometimes you just have to work. And -- or you feel that you have to. So I think that some of it is around educating employers about maybe things like home -- doing work at home or things that are possible. Sometimes we need to work on educating more than the people.

>> DEB COOK: As much at least, yes.

>> MIA: Absolutely.

>> Linda: My current situation --

>> DEB COOK: And it doesn't solve, none of these things solve everything for everyone. But, if we can solve it for a few so that we can focus then on those that couldn't also.

>> DAVID SHANNON: Any additional comments anyone would like to say before we wrap up and reconvene with the full group?

>> Still one of my favorite resources is the disaster preparedness calendar, which is a way to -- I mentioned this before. It's a way to develop an emergency kit a little at a time. Because I work with low income folks. Maybe ap you'll income is about \$8,000. And so they can't go out and buy a prepared emergency kit. But this calendar has a 4-week shopping list, you know, when you're going out here, pick this up. And so it can be gathered over time. It's still one of my favorite resources, David.

>> Linda: How can we get that?

>> DAVID SHANNON: I can send a pdf or I have them at the Red Cross chapter located in Rainier Valley. We can connect up. That's a resource.

>> MIA: So are there email lists we can sign up for information for each one of you guys individually like from the Red Cross and for you what you guys do and you as well so that I mean you guys send out information regularly. So regardless of the organization we work for or not, wants to have this information regardless of if my organization takes on, I can do my own with or without them. Of course, I will try to get them aboard and get them moving but, if they don't, I know how to do my own thing. But always try to sign my name up, my personal and my work-related. So I want to make sure that I'm connected with everybody before I leave here.

>> DAVID SHANNON: I'll ask Candace when she sends out the survey and how was the event to include contact information for sort of preparedness resources.

>> SHERI BADGER: One last thing that I'd like to say is about timing. Right after a disaster is the perfect time to talk about preparedness with your staff. That's when everyone is more receptive to listening to all this or even if something happens on the other side of the country. The tsunami and the earthquake that happened in Japan, we got questions all of a sudden on things here. Bridge collapsed in Minnesota. All of a sudden people are worried about bridge safety here. Take that opportunity to utilize that for your preparedness.

>> MIA: Seatac air port -- is this a good time

>> My son --

>> There was a passenger bridge from a plane to the terminal.

>> What?

>> Anybody on it.

>> Mark: No one was hurt.

>>

>> DAVID SHANNON: So thank you, everyone for contributing to this conversation and for really just for being here today. Taking time out of your busy schedules to learn how we can better collaborate and work together to serve the disability community. Thank you.

(Applause)